

# **California Department of Corrections and Rehabilitation**

## **Office of Audits and Compliance**



## **Operational Peer Review**

### **San Quentin State Prison**

**September 21, 2009 through October 2, 2009**

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# OFFICE OF AUDITS AND COMPLIANCE

## California State Prison, San Quentin

### EXECUTIVE SUMMARY

The Office of Audits and Compliance (OAC), in conjunction with various teams, conducted an operational peer review of Administration Segregation (Ad Seg) and Due Process, Business Services, Information Security Review, Inmate Appeals, Education, Ad Seg Bed Utilization, Case Records, [REDACTED], Radio Communications, [REDACTED], and Disability Placement Program Operations at California State Prison, San Quentin (SQ). The operational peer review was performed during the period of September 21, 2009 through October 3, 2009. The purpose of the peer review was to determine SQ's compliance with State, federal, and departmental rules, regulations, policies, and procedures.

This executive summary details the significant issues identified in each of the sections of the Operational Peer Review Report. For more information on the areas of interest, please see the Operational Peer Review Report. The OAC requested that SQ provide a corrective action plan (CAP) 30-days from the date of this report.

### Ad Seg and Due Process

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at SQ, the Facility was found to be in compliance with 44 (75 percent) of the 59 ratable areas. Three areas were found to be not ratable during this review.

A summary of the issues is as follows:

- **Housekeeping and Maintenance.** The review team notes that in Donner Section, rotten food and trash were on the floor and "fish lines," socks, etc., are strung on the razor wire on the gun rails. In Carson Section, the walls by the gun rail have what appears to be thrown food, spittle, etc., thrown from the inmate cells and pipes from the gun rail have miscellaneous trash on them.
- **Laundry Exchange.** The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. However, these laundry items are not consistently exchanged on the same basis as the general population. Interviews with staff and inmates indicate that there is not enough laundry to exchange on a one-for-one basis.
- **Exercise.** No yard group designation is receiving outdoor exercise the required three times per week, for a minimum of 10 hours.

- **Special Information on the Inmate Segregation Profile (CDC 114-A1).** Of the 38 randomly selected CDC 114-A1s reviewed, 30 (79 percent) documented the inmate's special information. Of the remaining 8 records, 7 left this section blank and 1 record did not contain a CDC 114-A1.
- **CDC 114-A1 90-Day Update.** The review revealed that in a random sample of 38 CDC 114-A1s reviewed, 9 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 29 ratable CDC 114-A1s reviewed, 25 (86 percent) were updated as required. The 3 remaining records were not updated as required.
- **Quarterly Simulated Fire Drills.** Of the 36 required fire drills, 20 (56 percent) were present.
- **Administrative Review.** Of the 30 records reviewed, 23 (85 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. The 7 remaining records documented a late Captain's review (1-29 days late).
- **Inmate Waiver.** Of the 30 records reviewed, 13 (43 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 17 remaining records documented the inmate had waived the 72-hour preparation time absent a signature by the inmate.
- **Staff Assistant (SA)/Investigative Employee (IE) on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 18 (60 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 12 remaining records, 9 left this section incomplete and 3 records did not document the assignment of a SA when the inmate was a participant in the mental health care delivery system.
- **Classification Hearing.** Of the 30 records reviewed, 22 (73 percent) contained documentation of an Institution Classification Committee (ICC) review within 10 days of an inmate's placement in Ad Seg. Of the 8 remaining records, 7 documented a late hearing (1-113 days late) and 1 record did not document that an ICC review has been held to date on a reissued CDC 114-D.
- **SA/IE on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 18 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 12 ratable records, 10 (83 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining CDC 128-Gs did not document the need for a SA.
- **Post Order-Firearms.** The review revealed that there are 9 identified gun posts (7 unit and 2 yard guns) that require use of force policies be addressed as part of the

post orders. None of the post orders for armed posts directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

- **Employee Signature.** The review revealed that there are 148 custody staff assigned to the 94 Ad Seg unit posts. Of the required 181 signatures, 140 (77 percent) were present acknowledging the understanding of the post orders.
- **Post Order-Staff.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.
- **Training.** Documentation was provided to indicate that 136 custody staff have been assigned to the Ad Seg units for 1 year or more. The review team randomly selected training files for 55 (40 percent) of these staff members. These 55 staff members are each required to have received 11 specialized training classes. Of the 605 required specialized training classes, 306 (51 percent) have been taken.

## **Business Services**

### **Personnel**

- The Audits Branch noted four instances of nepotism. The instances occurred in Accounting, the Personnel Office, Plant Operations, and Main Records. This condition could affect safety, security, and morale.
- Forty percent of custody staff has not turned in their CDC 998-As (attendance records) for the month of July 2009 (i.e., includes 23 percent Correctional Sergeants and 21 percent Correctional Lieutenants). This condition results in difficulty determining the appropriateness of leave taken, manipulation of leave usage, and creates additional workload for Personnel. **Prior Finding**
- Accounts Receivable (AR) has not been established for approximately 34 months (i.e., 2007, and 2008 through June 2009) for employees (i.e., Custody Staff) required to submit CDC 998-A forms. This condition results in understating ARs by approximately \$7,398,400, a financial hardship for employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload. **Prior Finding**
- The Captains are not signing the Personnel Post Assignment System (PPAS) Custody Sign In/Out Sheets when a Lieutenant's name appears on the sheet. In addition, the PPAS sheets for Custody Staff are incomplete and incorrect. For example, Military Leave (ML) is used for an absence that should be Military Leave Drill (MLD) and vice versa. Also, employees are using more than the allowed Bereavement Leave (BL) limit of three working days and, BL is used instead of Bereavement Leave Fiscal (BLF). This condition could result in manipulation of time and late detection of inappropriate use of leave. **Prior Finding**
- The California Leave Accounting System (CLAS) and the payroll records (i.e., Time and Attendance Report, Form 672) do not reflect the accurate time used or

paid. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded on the CLAS or reconciled with the payroll. In addition, the PPAS does not reflect the changes made to leave credits used when an employee opts to use leave credits instead of dock. This condition results in late detection of inappropriate use of leave and inaccurate attendance records. **Prior Finding**

- The Post and Bid guidelines are not followed for Bargaining Units 12 and 13. For example, job bulletins do not contain the post and bid language and the Post and Bid Application forms on file in the Personnel Office are not considered during the hiring process. This condition may have resulted in illegal hires or eliminate eligible employees from the hiring process.
- The Std. 666, Payroll Exception Report, and the Std. 966, Employee Time Certification, are not always signed and dated (certified) by transactions staff in Personnel. This condition could result in manipulation of time, time paid, and/or late detection of errors or irregularities.
- Staff are signing the CDC 1697, Inmate Workers Supervisor's Time Log prior to verifying that inmates worked, the CDC 1697 is not always attached to the CDC 998-A, inmates may not be working 173 hours, and staff use the outdated CDC 1697. This issue could result in difficulty ensuring that staff are eligible to be paid Inmate Workers Supervision Pay.
- The Competitive Rating Report for the Supervising Correctional Cook does not reflect the limited score that the candidates received in the examination. Additionally, Veteran Preference Points were not verified. This condition could result in incorrect scores assigned to competitors, and illegal hires.
- The Post Examination Evaluation Checklist (Form 295) is not completed for examinations administered. This condition could result in the same problems being made during the next administration of the examination. **Prior Finding**

### **Health, Safety and Security**

- The emergency generators located at the Nuemiller Infirmary, the Boiler House, and East Block have not been tested and preventive maintenance has not been performed since 2006, and they are inoperable. This condition resulted in the 88-6B Emergency Repair Declaration and a Special Repair request at an estimated cost of \$2.5 million. Additionally, the Institution incurs a cost of \$43,000 up front and \$38,000 per month to rent/lease emergency generators. The cost will increase if the generators are required to operate jeopardizing the safety and security of the Institution in the event of a power outage. **Prior Finding**
- There are multiple five-gallon buckets of latex paint and other chemicals that have corroded and rusted metal lids with exposed chemicals. Also, there is a pallet of wood that is infested with fungus and maintained inside the warehouse and parked next to other undamaged pallets of wood. This condition may result in the spread of fungus and impose an increased threat to life, health, and safety. Also, penalties and fines may be assessed.
- Inmates are not wearing appropriate foot gear while working at Plant Operations, (e.g., tennis shoes are worn instead of leather boots). This condition could result

in injuries and the appearance that Plant Operations is not implementing and maintaining an effective Injury and Illness Prevention Plan.

### **Internal Control**

- The Over Maximum, Items on Order and Minimum/Maximum Reports may not be accurate. This condition gives the appearance that the Institution is over ordering inventory and wasting State funds. **Prior Finding**
- Access to the Support Warehouse is not restricted when employees who do not work in the warehouse, do not sign the entrance log. This condition could result in late detection of theft and/or misappropriation.
- Adjustments to inventory are not approved by the Business Manager before making adjustments to the State Logistics and Materials Management (SLAMM). Physical inventories are performed once a year which compounds this condition. This condition could result in late detection of errors, irregularities, theft, and/or misappropriation. **Prior Finding**
- SLAMM is inoperable, spot checks are not performed, duties are not separated, access is not restricted, and there is a backlog of posting documents in the Maintenance Warehouse. Additionally, there are multiple unmarked pallets of paint, caulking, etc. This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.
- Inventory adjustments are not recorded in SLAMM by someone independent of the Non-Drug Medical Warehouse operations. In addition, the Inventory Adjustment Form (CDC 1067) is not used and adjustments are posted prior to approval by the Business Manager.
- Obsolete checks are not properly destroyed. There are approximately 2,000 blank checks from the era of Thomas W. Hayes (circa 1989), Kathleen Brown (circa 1991), and Philip Angelides (circa 1999), who were State Treasurers. This condition may result in late detection of missing State funds.
- One person controls securities from receipt to disposition. This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.
- The person responsible for receiving and distributing salary warrants also processes personnel documents (i.e., timekeepers processing CDC 998-As). Additionally, in two areas within Prison Industry Authority (PIA), a timekeeper is the pay master. This condition could result in late detection of errors and/or irregularities and the manipulation of attendance. **Prior Finding**
- Salary Warrants are released prior to the completion of an employee's work shift and are released to persons other than the payee without verification. This condition could result in employees cashing checks prior to the time authorized by the State Treasurer and late detection of errors and/or irregularities, theft, and misappropriation. **Prior Finding**
- Vehicle maintenance and mileage logs are not maintained, the exact number of vehicles could not be determined based on records provided and stock records are not maintained for inventory located in the garage. This condition could result in late detection of maintenance problems, errors, and/or irregularities, possible additional cost due to repair, and difficulty determining vehicle inventory.

- Of the 75 property items tested by location, 25 do not reconcile with the physical inventory list provided by the Procurement Officer. This condition may result in late detection of errors, irregularities, theft, and/or misappropriation as well as difficulty locating the property.

## **Information Security Review**

### **Staff Computing Environment:**

- Use Agreements (Form 1857) are not on file.
- Annual Self-Certification of Information Security Awareness and Confidentiality forms are not on file.
- Information Security Training is not current.
- Network access authorization is not on file.
- Staff Central Processing Units (CPU) are not labeled "No Inmate Access."
- Anti virus updates are not current.
- Security patches are not current.

### **Inmate Computing Environment:**

- The physical location of some of the CPUs does not agree with inventory records.
- Anti virus updates are not current.
- Access of some of the printers are not restricted.

**Inmate Appeals** – The audit resulted in an overall score of 98 percent.

## **Education**

### **Academic Education:**

Several files had Test of Adult Basic Education (TABE) scores that were over six months old. Some teachers do not test the students upon entry and exit with either the TABE or Comprehensive Adult Student Assessment System tests. The English Language Development teacher does not give the TABE to her students until she feels they can read well enough to score on the reading portion of the TABE.

Some teachers use the old recording system as they do not have enough of the new curriculum books and materials. Not all teachers are issuing Certificates of Achievement for each exiting student that reflects what the student has completed within the core curriculum. Some teachers are not issuing Certificates of Achievement upon exit reflecting what the student completed while enrolled in the Distance Learning or Independent Study program.

The teachers do not have lesson plans that agree with the Office of Correctional Education approved curriculum. There is no computer inventory of test books and no inventory for answer sheets.



## **Ad Seg Bed Utilization**

**Incident Report Processing** - Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report: Date from incident occurrence to the date ISU received the Incident Report ranged from 0 day to 107 days. (The expectation is the complete package will be presented to ISU within 21 calendar days.)

ISU Receipt of Incident Report to Referral to DA/ISU Screen out: Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 0 day to 41 days. (The expectation is the time should not exceed 5 working days).

DA Referral to Resolution: Date from DA referral to either rejection or acceptance of the case ranged from 2 days to 380 days. (This is one area that the institution has no definitive control over; however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).

**Safety Concerns** - On two occasions, the inmates were housed in Administrative Segregation Unit over 120 days and are still pending from an investigation initiation to completion. The expectation of the investigation duration is not to exceed 30 calendar days, according to a memorandum dated March 26, 2003. Also, on two occasions, the inmates were still pending completion of an investigation before going to the ICC Review. According to the CCR, upon resolution, an ICC shall review the inmate's case within 14 days.

## **Case Records**

### **General Findings:**

- Errors identified in this report were not corrected immediately in the Central File request data base.
- The Central File data base is not updated when required and appropriate follow-up is not performed to contact institution Case Records offices when the Central File is not located at a Parole Case Records office.
- Incoming Central File shipments were not opened and the Central File data base was not updated prior to generating overdue Central File request lists.
- Periodic reviews of the overdue Central File requests were not completed by a knowledgeable staff member to ensure errors are identified and corrected.
- The Correctional Case Records Manager (CCRM) of the institution did not contact the CCRM of the parole case records office when the Central Files were not received within 30 days of the original request. When necessary a DUMMY file was not made.

- SQ did not use the Automated Release Date Tracking System (ARDTS) for tracking and requesting the Central Files.

**Holds, Warrants and Detainers (HWD):**

- SQ did not review and update HWD Desk Procedures for the clerical staff to include time frames for completing each step in the process.
- Procedures for the Correctional Case Records Analyst were not updated as necessary to include detailed instructions for processing HWD.
- On-the-job training was not documented for the Correctional Case Records Analyst.
- Additional training was not provided to the Correctional Case Records Analysts on how to read, review and interpret information on the CII rap sheet.
- SQ did not share Instructional Memorandums with all staff to ensure compliance with Departmental Policies.
- Supervisory staff did not conduct periodic reviews of ARDTS Database Reports to ensure the data being entered or updated is accurate.

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## **Radio Communications**

The radio vault did not have an intrusion alarm attached to the vault door with an audible alarm and a light which is critical when the door is opened. The alarm and light warns central control of a breach of security.

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## **Disability Placement Program (DPP) – Self Monitoring Evaluation**

The following areas/questions have a score below 85 percent and are required to be addressed in the CAP:

### **DPP Process Verification**

1. The Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary does not contain information on the inmate's disability.
2. The DPP status and placement is not documented on the CDC 128-G, Chrono Classification (Regular).
3. The Classification Committee does not consider the inmate's limitations as documented in the CDC128-C (Chrono Medical, Psych., Dental) or CDC 7410 (Comprehensive Accommodation Chrono) when considering program assignments.
4. Inmates designated as Hearing Impaired (DPH), Speech Impaired (DPS), Hearing Impaired (DNH), and Speech Impaired (DNS) are not interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH, or DNS to determine the inmates' primary and secondary methods of communication.
5. The CDC Form 1515, Notice and Condition of Parole, (Rev 05/01) does not document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the Learning Disabled (LD) and TABE 4.0 or Lower lists.

### **Effective Communication**

1. The Division Head does not distribute the LD list to the appropriate staff.



2. Effective communication is not documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents:
  - a. Notice of Classification Hearing (CDC 128-B1);
  - b. Classification Chronos (CDC 128-G);
  - c. Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance); and
  - d. Investigative Employee Reports and CDC 114-Ds. (Armstrong Remedial Plan II.E.2 and Effective Communication Memorandum Revised, dated October 22, 2003).
3. Health care providers are not documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists.

### **Disability Verification**

1. Section F (if applicable) of the CDC Form 1845, Verification of a Disability, is not completed correctly.
2. There is no corresponding CDC 128-C, (Chrono Medical, Psych., Dental) or CDC 7410s, (Comprehensive Accommodation Chrono) listing physical limitations or assistance with daily living needs.
3. There is no CDC 128-B (General Chrono) Effective Communication Chrono attached to the CDC 1845, Verification of a Disability, for inmates with hearing and speech disabilities in the Central File and Unit Health Record.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
AND  
DUE PROCESS

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

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## **Review of Administrative Segregation and Due Process**

### **California State Prison, San Quentin**

#### **INTRODUCTION**

This review of administrative segregation (Ad Seg) operations and due process provisions at the California State Prison, San Quentin (SQ) was conducted by the Adult Compliance/Peer Review Branch (ACPRB), Office of Audits and Compliance, between the dates of September 21-25, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation's (CDCR) Department Operations Manual (DOM), CDCR's Use of Force Policy, Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Nancy Fitzpatrick, Compliance/Peer Review Coordinator; Chela Ruiz, Correctional Lieutenant; Rick Grenert, Correctional Lieutenant; and Gary Turner, Correctional Lieutenant, of the ACPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the ACPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary reviewers and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

## **Review of Administrative Segregation and Due Process**

### **California State Prison, San Quentin**

#### **REVIEW SCOPE AND METHODOLOGY**

The ACPRB conducted an on-site review at SQ during the period of September 21-25, 2009. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of SQ's compliance by ACPRB.

The scope and methodology of this review was based upon written review procedures developed by the ACPRB and provided to SQ's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the reviewers.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was reviewed. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

## Review of Administrative Segregation and Due Process

### California State Prison, San Quentin

#### COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. OF ITEMS IN NON-COMPLIANCE	NO. OF ITEMS IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	3	6	21	78%
Due Process	22	0	5	17	77%
Administration	10	0	4	6	60%

## Review of Administrative Segregation and Due Process

### California State Prison, San Quentin

#### EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at SQ, the Facility was found to be in compliance with 44 (75 percent) of the 59 ratable areas. Three areas were found to be not ratable during this review.

Areas of concern were found in the following areas:

- **Housekeeping and Maintenance.** The review team notes that in Donner Section, rotten food and trash were on the floor and “fish lines,” socks, etc., are strung on the razor wire on the gun rails. In Carson Section, the walls by the gun rail have what appears to be thrown food, spittle, etc., thrown from the inmate cells and pipes from the gun rail have miscellaneous trash on them.
- **Laundry Exchange.** The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. However, these laundry items are not consistently exchanged on the same basis as the general population. Interviews with staff and inmates indicate that there is not enough laundry to exchange on a one-for-one basis.
- **Exercise.** No yard group designation is receiving outdoor exercise the required three times per week, for a minimum of 10 hours.
- **Special Information on the Inmate Segregation Profile (CDC 114-A1).** Of the 38 randomly selected CDC 114-A1s reviewed, 30 (79 percent) documented the inmate’s special information. Of the remaining 8 records, 7 left this section blank and 1 record did not contain a CDC 114-A1.
- **CDC 114-A1 90-Day Update.** The review revealed that in a random sample of 38 CDC 114-A1s reviewed, 9 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 29 ratable CDC 114-A1s reviewed, 25 (86 percent) were updated as required. The 3 remaining records were not updated as required.
- **Quarterly Simulated Fire Drills.** Of the 36 required fire drills, 20 (56 percent) were present.

- **Administrative Review.** Of the 30 records reviewed, 23 (85 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. The 7 remaining records documented a late Captain's review (1-29 days late).
- **Inmate Waiver.** Of the 30 records reviewed, 13 (43 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 17 remaining records documented the inmate had waived the 72-hour preparation time absent a signature by the inmate.
- **Staff Assistant (SA)/Investigative Employee (IE) on the Administrative Segregation Unit Placement Notice (CDC 114-D).** Of the 30 records reviewed, 18 (60 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 12 remaining records, 9 left this section incomplete and 3 records did not document the assignment of a SA when the inmate was a participant in the mental health care delivery system.
- **Classification Hearing.** Of the 30 records reviewed, 22 (73 percent) contained documentation of an Institution Classification Committee (ICC) review within 10 days of an inmate's placement in Ad Seg. Of the 8 remaining records, 7 documented a late hearing (1-113 days late) and 1 record did not document that an ICC review has been held to date on a reissued CDC 114-D.
- **SA/IE on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 18 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 12 ratable records, 10 (83 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining CDC 128-Gs did not document the need for a SA.
- **Post Order-Firearms.** The review revealed that there are 9 identified gun posts (7 unit and 2 yard guns) that require use of force policies be addressed as part of the post orders. None of the post orders for armed posts directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.
- **Employee Signature.** The review revealed that there are 148 custody staff assigned to the 94 Ad Seg unit posts. Of the required 181 signatures, 140 (77 percent) were present acknowledging the understanding of the post orders.
- **Post Order-Staff.** The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.



- **Training.** Documentation was provided to indicate that 136 custody staff have been assigned to the Ad Seg units for 1 year or more. The review team randomly selected training files for 55 (40 percent) of these staff members. These 55 staff members are each required to have received 11 specialized training classes. Of the 605 required specialized training classes, 306 (51 percent) have been taken.

A complete description of these finding areas may be found in the narrative section of this report.

## Review of Administrative Segregation and Due Process

### California State Prison, San Quentin

#### SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under Toussaint v. Gomez are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
<b>Compliance (C):</b>	The requirement is being met.
<b>Partial Compliance (P/C):</b>	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
<b>Noncompliance (N/C):</b>	The institution is clearly not meeting the requirement.
<b>Not Applicable (N/A):</b>	Responsibility for compliance in this area is not within the authority of this institution.
<b>Not Ratable (N/R):</b>	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

## Review of Administrative Segregation and Due Process

### California State Prison, San Quentin

#### SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 4/06	REVIEW FINDING 9/09	PAGE NO.
<b>I. CONDITIONS OF SEGREGATED HOUSING</b>			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	P/C	P/C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	3
3. Clothing.	P/C	C	3
4. Meals.	C	C	4
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	P/C	6
8. Exercise.	N/C	N/C	6
9. Reading Material.	C	C	7
10. Rule Changes.	C	C	8

REVIEW STANDARD	REVIEW FINDING 4/06	REVIEW FINDING 9/09	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	10
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	N/R	N/R	11
b. Reporting.	N/R	N/R	11
c. Transfer.	N/R	N/R	11
15. Access to the Courts.	C	C	12
16. Isolation Log Book.	C	C	13
17. Isolation/Segregation Record.			
a. All significant information documented.	C	C	14
b. The CDC 114-A1 notes yard group designation.	P/C	C	14
c. The CDC 114-A1 notes special information.	C	P/C	14
d. The CDC 114-A1 is updated every 90 days.	N/C	P/C	15
18. Safety.			
a. Fire Safety.	C	C	16
b. Quarterly Fire Drills.	P/C	P/C	16
c. Documentation.	C	C	17

REVIEW STANDARD	REVIEW FINDING 4/06	REVIEW FINDING 9/09	PAGE NO.
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<b>II. DUE PROCESS</b>			
1. Authority.	C	C	17
2. Written Notice.	C	C	18
3. Receipt of Order for Placement/ Retention.	C	C	18
4. Confidential Material.	P/C	C	19
5. Administrative Review.	P/C	P/C	19
a. Staff Assistance.	P/C	P/C	20
b. Witnesses.	P/C	C	20
c. Inmate Waiver of Time Limitations.	P/C	N/C	21
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	22
6. Hearing Within 10 Days.	C	P/C	22
a. Determinations documented on the CDC 128-G.	C	C	23
b. Hearing Date.	C	C	23
c. Inmate Presence.	C	C	24
d. Hearing Officer.	C	C	24
e. SA/IE on CDC 128-G.	C	P/C	25
f. Witnesses on CDC 128-G.	P/C	C	25
g. The CDC 128-G notes yard group designation.	C	C	26

<b>REVIEW STANDARD</b>	<b>REVIEW FINDING 4/06</b>	<b>REVIEW FINDING 9/09</b>	<b>PAGE NO.</b>
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h. Cell Status.	P/C	<b>C</b>	26
i. Participation.	C	<b>C</b>	27
7. Classification Review.	C	<b>C</b>	27
8. Classification Staff Representative (CSR) Review.	C	<b>C</b>	28

<b>III. ADMINISTRATION</b>			
1. Training.	C	<b>P/C</b>	29
2. ICC.	C	<b>C</b>	29
3. Record of Disciplinary.	C	<b>C</b>	30
4. Post Orders-Firearms.	C	<b>N/C</b>	31
5. Post Order-Job-Site.	C	<b>C</b>	31
6. Signing of Post Orders.	P/C	<b>P/C</b>	32
a. Post Orders-Staff.	P/C	<b>P/C</b>	32
b. Supervisor Inspection.	P/C	<b>C</b>	32
c. Post Order-Acknowledgment.	C	<b>C</b>	33
7. Protective Vests.	C	<b>C</b>	33

## COMPARATIVE STATISTICAL SUMMARY CHART

### California State Prison, San Quentin

#### APRIL 2006—SEPTEMBER 2009 REVIEW FINDINGS

<b>RATING</b>	<b>TOTAL 4/06</b>	<b>RATING % 4/06</b>	<b>TOTAL 9/09</b>	<b>RATING % 9/09</b>
<b>COMPLIANCE</b>	51	76%	<b>44</b>	<b>75%</b>
<b>PARTIAL COMPLIANCE</b>	14	21%	<b>12</b>	<b>20%</b>
<b>NONCOMPLIANCE</b>	2	3%	<b>3</b>	<b>5%</b>
<b>NOT RATABLE</b>	3		<b>3</b>	
<b>TOTAL</b>	70	100%	<b>62</b>	<b>100%</b>

# **Formal Review of Administrative Segregation and Due Process**

## **California State Prison, San Quentin**

### **SUMMARY OF FACILITIES REVIEWED**

SQ includes 469 Ad Seg unit beds in this Level I, II, IV, Condemned, and Reception Center Facility. At the time of this review, the Facility was housing 384 Ad Seg inmates.

For the purposes of the review, the ACPRB team toured the Ad Seg units, reviewed unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

## **I**

### **CONDITIONS OF SEGREGATED HOUSING**

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.  
**(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of SQ's Ad Seg units approximate those of the general population.



- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.  
**(Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that written and telephonic repair requests are generated in the units and submitted to Plant Operations when repairs are needed. Repairs are generally completed in a timely manner.

However, the review team notes that in Donner Section, rotten food and trash were on the floor and "fish lines," socks, etc., are strung on the razor wire on the gun rails. In Carson Section, the walls by the gun rail have what appears to be thrown food, spittle, etc., thrown from the inmate cells and pipes from the gun rail have miscellaneous trash on them.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.  
**(Authority cited: Toussaint vs. McCarthy. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ's Ad Seg units control vermin and pests by conducting regular inspections of the units. Regular inspections and pesticide applications provide for the control of vermin and pests in the Ad Seg units. In the event of an infestation, the Ad Seg unit's Sergeant notify Plant Operations and the situation is responded to immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

### Findings

### COMPLIANCE

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain generates a memorandum to notice administration of restrictions as required.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmate's clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.  
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

### Findings

### COMPLIANCE

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that worn by other inmates in the unit. Inmates were not clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.  
**(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, reviewed unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the units.

Food items are prepared in the main kitchen, in individual trays, and served to the inmate population by unit staff. Food temperatures are being taken and logged and meal sample reports are being utilized.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing units (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

### Findings

### COMPLIANCE

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the SQ Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.  
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

### Findings

### COMPLIANCE

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that shower facilities exist in the Ad Seg units and on the exercise yard (excluding individual exercise units). Ad Seg inmates are

provided the opportunity to shower three times per week. Razors are available during shower periods for shaving.

- b. Haircuts will be provided as needed.

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided, upon request, for use in the holding cell.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

### **Findings**

#### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. However, these laundry items are not consistently exchanged on the same basis as the general population. Interviews with staff and inmates indicate that there is not enough laundry to exchange on a one-for-one basis.

- 8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out of cell exercise

periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.

**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)**

### **Findings**

#### **NONCOMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the SQ Ad Seg units provide controlled compatible, reintegrated mixed, and walk-alone yard group designations. However, no yard group designation is receiving outdoor exercise the required three times per week, for a minimum of ten hours.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.

**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books on a weekly basis. The books are requested from the unit Officer who distributes the reading material on Third Watch.

10. **Rule Changes.** The Notice of Change to Regulations shall be posted by the rules coordinator or designee and made available to all inmates and staff within five calendar days after receipt of the Notice. Notices shall be:
- Posted on staff and inmate bulletin boards;
  - Posted in inmate housing units, corridors, and other areas easily accessible to inmates;
  - Provided to inmate advisory committees/councils;
  - Provided to inmate law libraries;
  - Provided to inmate prison hospitals; and
  - Provided to inmate lock-up units.
- (Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Section 12010.5.8.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Ad Seg units' post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population. These notices are posted on bulletin boards and placed on the exercise yards in Carson and Donner sections. In the Adjustment Center these notices are posted on the yard entry/exit door.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
- (Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ provides Ad Seg inmates telephone usage pursuant to CCR, Title 15, Section 3343 (j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing units will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance and recreation.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ provides the Ad Seg inmate population programs to include commissary, library services, recreation, and spiritual counseling. In addition, religious publications are provided upon request. The Adjustment Center does not offer religious services due to security concerns.



13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.  
**(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the Ad Seg units on all three watches. In addition, management staff are available for interviews prior to ICC hearings and CDC 114-D segregation placement administrative reviews. Medical staff tour and psychiatric staff are assigned to the units on Second and Third Watches passing out medication, collecting sick call slips, and screening for medical and mental health needs.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)**

### **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit custody staff notify medical staff in the event of any medical situation or emergency. The general medical treatment line

is conducted on Thursday for the Adjustment Center, and Tuesday and Wednesday for Carson and Donner Sections.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).  
**(Authority cited: Title 15, Section 3332(f). Referenced: PC, Sections 2601(d), 5054, and 5058 and CCR, Title 15, Section 3343(m).**

- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.  
**(Authority cited: Title 15, Section 3332(f).**

### **Findings**

### **NOT RATABLE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ does not utilize management cells.

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or Administrative Officer of the Day (AOD), one of whom will review management cell resident status daily.  
**(Authority cited: Title 15, Section 3332(f).**

### **Findings**

#### **NOT RATABLE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ does not utilize management cells.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.  
**(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)**

### **Findings**

#### **NOT RATABLE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that SQ does not utilize management cells.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3164(a), (d); DOM, Section 53060.10; and Toussaint v. Gomez.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed SQ's Ad Seg units provide paging and direct access to a law library. Inmates submit written requests for law library services to the unit officer who collects these requests on a daily basis. The Law Library Sergeant screens the requests and schedules the inmates for access. Preferred legal users and inmates with court deadlines receive priority access.

16. **Ad Seg Log.** An Isolation Log Book (CDC 114) will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose units which are administered and supervised by the same staff members.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114 is maintained within the Ad Seg units. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Isolation/Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on the Isolation/Segregation Record (CDC 114-A), and Inmate Segregation Profile (CDC 114-A1).  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); DOM, Section 52080.22.5; and IB 98/27.)**

- a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to Ad Seg. Each (100 percent) of the 38 CDC 114-As reviewed was found to contain significant information, in chronological order, relating to the inmate during the course of segregation with the exception of fish kits.

- b. The CDC 114-A1 documents the inmate's current yard group designation.

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team reviewed a random sample of 38 CDC 114-A1s. Of the 38 CDC 114-A1s reviewed, 2 were not ratable as the inmate had not yet attended ICC and received a yard assignment. Each (100 percent) of the 36 ratable CDC 114-A1s documented the inmate's current yard group designation.

- c. The CDC 114-A1 documents the inmate's special information.

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

Of the 38 randomly selected CDC 114-A1s reviewed, 30 (79 percent) documented the inmate's special information. Of the remaining 8 records, 7 left this section blank and 1 record did not contain a CDC 114-A1.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 38 CDC 114-A1s reviewed, 9 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 29 ratable CDC 114-A1s reviewed, 25 (86 percent) were updated as required. The 4 remaining records were not updated as required.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.  
**(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)**

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)**

### **Findings**

#### **COMPLIANCE**

**The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.**

**The review revealed that SQ's Ad Seg units maintain a written policy which specifies the fire prevention regulations and practices.**

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.  
**(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)**

### **Findings**

#### **PARTIAL COMPLIANCE**

**The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.**

**The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes are conspicuously posted within the units. Documentation was not present to support that quarterly simulated emergency fire drills, under varied conditions, are being consistently**

conducted during all three watches. Of the 36 required fire drills, 20 (56 percent) were present.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.

**(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, fire drill reports are being completed and forwarded to the Fire Chief as required.

## **II**

### **DUE PROCESS**

Procedural safeguards are essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)**



## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); DOM, Section 52080.25; and IB 98/27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. The 3 remaining records did not document the date the use of confidential information was disclosed and did not document the use of confidential information as a basis for placement by marking the appropriate box on the CDC 114-D.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.  
**(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)**

## Findings

### COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained documentation that indicated the inmate was given a copy of the CDC 114-D within 48 hours of placement. The 3 remaining records documented that the inmate was not given a copy within the required time frame (7-31 days late).

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.  
(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

## Findings

### COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 25 were not ratable as the reason for placement was not based upon confidential information. Each (100 percent) of the 5 ratable records documented that the CDC 1030, Confidential Information Disclosure was appropriate and issued within the required time frame.

5. **Administrative Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level:  
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units

Of the 30 records reviewed, 23 (85 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. The 7 remaining records documented a late Captain's review (1-29 days late).

- a. Determine the appropriate assignment of staff assistance.  
**(Reference: CCR, Title 15, Section 3337(a).)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 18 (60 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 12 remaining records, 9 left this section incomplete and 3 records did not document the assignment of a SA when the inmate was a participant in the mental health care delivery system.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an IE will be assigned to the case. A request to call witnesses and the names of witnesses must be submitted in writing by the inmate.  
**(Reference: CCR, Title 15, Section 3337(b).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 27 (90 percent) contained documentation regarding the need for witnesses. The 3 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.  
**(Reference: CCR, Title 15, Section 3337(c).)**

## **Findings**

### **NONCOMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 13 (43 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 17 remaining records documented the inmate had waived the 72-hour preparation time absent a signature by the inmate.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.  
**(Reference: CCR, Title 15, Section 3337 (d).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that the hearing time frames were appropriate based on the inmate's request. The 1 remaining record did not document that an ICC review has been held to date on a reissued CDC 114-D.

- e. Decision to retain in Ad Seg or release to unit/facility.  
**(Authority Referenced: Title 15, Section 3339.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that a decision was made to retain or release the inmate based on the administrative review. The 1 remaining record left this section blank.

- 6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 22 (73 percent) contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg. Of the 8 remaining records, 7 documented a late hearing (1-113 days late) and 1 record did not document that an ICC review has been held to date on a reissued CDC 114-D.

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), (h); and DOM, Sections 52080.27.4 and 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation of the determinations arrived at during ICC on the CDC 128-G.

- b. Was the hearing date recorded on the CDC 128-G?  
**(Reference: CCR, Title 15, Section 3375(g)(9); and DOM, Section 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained properly documented hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3375(g)(6-8); and DOM, Section 62010.9.1.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3315(d)(1) and 3318(b); and DOM, Section 62010.9.1.)**

## **Findings**

### **PARTIAL COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 18 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 12 ratable records, 10 (83 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. The 2 remaining CDC 128-Gs did not document the need for a SA.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?  
**(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Sections 52080.27.3-.4.)**



## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 27 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Each (100 percent) of the 3 ratable records documented the need for witnesses on the CDC 128-G when this information was not otherwise documented on the CDC 114-D.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).  
**(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.  
**(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation of the inmate's participation with ICC on the CDC 128-G.

7. **Classification Review.** Instead of ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by ICC at least every 90 days or when scheduled by staff for specific action.  
**(Authority cited: Larry Witek Memorandum of Interim Action dated November 20, 2001, Ad Seg Unit Classification Review. Referenced: Title 15, Section 3335(d) (1).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 7 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a follow-up review. Each (100 percent) of the 23 ratable records contained documentation of an ICC review as required.

8. **Classification Staff Representative Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.  
**(Authority cited: CCR, Title 15, Section 3335(e).)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team examined 30 central files of inmates housed in SQ's Ad Seg units.

Of the 30 records reviewed, 1 was not ratable as no ICC hearing has been held on a reissued CDC 114-D. Each (100 percent) of the 29 ratable records contained documentation that indicated the case had been referred to a CSR for review as appropriate.

### III

#### ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.  
**(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)**

#### Findings

#### PARTIAL COMPLIANCE

The ACPRB review team interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the units for one year or more.

Documentation was provided to indicate that 136 custody staff has been assigned to the Ad Seg units for 1 year or more. The review team randomly selected training files for 55 (40 percent) of these staff members. These 55 staff members are each required to have received 11 specialized training classes. Of the 605 required specialized training classes, 306 (51 percent) have been taken.

2. **Institution Classification Committee.** The ICC shall consist of:
  - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (Chairperson);
  - Correctional Administrator or Parole Administrator I (alternate Chairperson);
  - Psychiatrist or Physician;
  - Facility Captain;
  - Correctional Captain;
  - CC [Correctional Counselor] III or Parole Agent III, or CC II or Parole Agent II (Recorder);
  - Assignment Lieutenant;
  - Educational or Vocational Program Representative; and
  - Other staff as required.

A quorum shall be a minimum of three persons who shall be the Chairperson, Recorder, and any other member.

**(Authority cited: CCR, Title 15, Section 3376(c)(2). Reference: PC, Sections 5054 and 5058; and DOM, Section 62010.8.2.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team examined 30 central files, reviewed CDC 128-Gs, and observed ICC.

The review revealed that the composition of ICC was in compliance with this standard. However, the review team notes that the space provided to conduct ICC is inadequate.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.

**(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution currently maintains two Registers of Institutional Violations, which meet the basic requirements of DOM. A tracking system is utilized to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.  
**(Authority cited: PC, Sections 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)**

### **Findings**

#### **NONCOMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are 9 identified gun posts (7 unit and 2 yard guns) that require use of force policies be addressed as part of the post orders. None of the post orders for armed posts directed the staff member to read, understand, and become familiar with the departmental Use of Force Policy, CCR, Section 3268.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job site.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current post order is provided at the job site for 90 (96 percent) of the 94 Ad Seg posts. The review team notes post order numbers 120150, 250796, 350762, and 350790 are not current.

6. **Employee Signature.** Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.

### **Findings**

#### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are 148 custody staff assigned to the 94 Ad Seg unit posts. Of the required 181 signatures, 140 (77 percent) were present acknowledging the understanding of the post orders.

- a. **Post Order-Staff.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.  
**(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)**

### **Findings**

#### **PARTIAL COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units consistently inspect the CDC 1860 on a monthly basis. The review team notes that one post order did not contain a CDC 1860 (120765).

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. Post order acknowledgment forms shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).  
**(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)**

## **Findings**

### **COMPLIANCE**

The ACPRB review team toured SQ's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that SQ utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and the supervisor then countersigns this. Of the 94 post orders reviewed, 93 (99 percent) contained the current acknowledgment sheet. Post order no. 120765 did not contain a CDC 1860.

7. **Protective Vests.** All CDCR employees, regardless of personnel classification, entering a SHU, Special Management Program, Ad Seg, Temporary Detention Unit, Condemned Housing Unit, Psychiatric Services Unit, or Special Behavioral Treatment Program, shall wear a Stab Resistant Vest when the employee is:
  - In direct contact with inmates/wards/patients within the aforementioned units (unrestrained or restrained).



- Escorting inmates/wards/patients housed within the aforementioned units anywhere on institution grounds.
- On the aforementioned unit tiers.

**(Authority cited: DOM, Section 33020.16.2.)**

### **Findings**

#### **COMPLIANCE**

The ACPRB review team toured CCC's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the Ad Seg units.

## **Review of Administrative Segregation and Due Process**

### **California State Prison, San Quentin**

#### **GLOSSARY**

<b>AB</b>	Administrative Bulletin
<b>ACPRB</b>	Program and Fiscal Reviews Branch
<b>Ad Seg</b>	Administrative Segregation
<b>AOD</b>	Administrative Officer of the Day
<b>CC</b>	Correctional Counselor
<b>CCR</b>	California Code of Regulations
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDC 114</b>	Isolation Log
<b>CDC 114-A</b>	Isolation/Segregation Record
<b>CDC 114-A1</b>	Inmate Segregation Profile
<b>CDC 114-D</b>	Administrative Segregation Unit Placement Notice
<b>CDC 128-G</b>	Chrono Classification (Regular)
<b>CDC 1030</b>	Confidential Information Disclosure
<b>CDC 1860</b>	Post Order Acknowledgment
<b>CSR</b>	Classification Staff Representative
<b>DOM</b>	Department Operations Manual
<b>DS 5003</b>	Fire Drill Report
<b>IB</b>	Informational Bulletin
<b>ICC</b>	Institution Classification Committee
<b>IE</b>	Investigative Employee
<b>PC</b>	California Penal Code
<b>SA</b>	Staff Assistant
<b>SHU</b>	Security Housing Unit
<b>SQ</b>	California State Prison, San Quentin

# CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

## OFFICE OF AUDITS AND COMPLIANCE

### REPORT OF FINDINGS AND RECOMMENDATIONS

#### BUSINESS SERVICES

### CALIFORNIA STATE PRISON, SAN QUENTIN

SEPTEMBER 21 THROUGH OCTOBER 8, 2009

CONDUCTED BY  
AUDITS BRANCH



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**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA STATE PRISON, SAN QUENTIN**

**INTRODUCTION**

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch, conducted an audit of Business Services at the California State Prison, San Quentin (SQ), as part of the Operational Peer Review. The purpose of the audit was to analyze and evaluate the level of compliance with State, federal, and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Inmate Trust Accounting;
- Food Services;
- Procurement;
- Materials Management (i.e., Warehouses, Garage and Property);
- Plant Operations;
- Occupational Health and Safety; and
- Environmental Health and Safety.

The fieldwork was performed during the period of September 21 through October 8, 2009. The exit conference was held on October 7, 2009.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Annette Sierra, Deborah Brannon, Michael Robinson, and Naomi Banks conducted the audit. In addition, Sean Vandermey, Correctional Plant Supervisor, California Medical Facility; Don Perkins, Correctional Food Manager, Substance Abuse Treatment Facility; Raquel Buckel, Procurement and Services Officer II, Calipatria State Prison; and Doug Chaffer, Associate Hazardous Materials Specialist, Avenal State Prison, provided subject matter expertise. Alberto Caton, Correctional Administrator, coordinated and managed the audit. Richard C. Krupp, Assistant Secretary of the OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of prior reports, test of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA STATE PRISON, SAN QUENTIN**

**AUDIT SCOPE**

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of SQ's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with State, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed Facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

## **SYMPTOMS OF CONTROL DEFICIENCIES**

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA STATE PRISON, SAN QUENTIN**

**CORRECTIVE ACTION PLAN**

SQ's corrective action plan (CAP) is due within 30 days of receipt of the audit report. See Attachment A for a sample of the format.

The CAP is designed to document the Institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to [Dorothy.Smith@cdcr.ca.gov](mailto:Dorothy.Smith@cdcr.ca.gov) and [Daisy.Sagun@cdcr.ca.gov](mailto:Daisy.Sagun@cdcr.ca.gov). Send the original to Dorothy Smith, OAC, PO Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Dorothy Smith, Correctional Administrator at (916) 255-2717.



**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA STATE PRISON, SAN QUENTIN**

**EXECUTIVE SUMMARY**

As part of the Operational Peer Review, the Audits Branch conducted an audit of the Business Services at SQ during the period of September 21 through October 8, 2009. The purpose of the audit was to determine the level of compliance with State, federal, and departmental rules, regulations, policies, and procedures.

Prior to this audit, the Audits Branch conducted a follow-up audit of SQ's Business Services operations from June 14, 2006 through July 7, 2006; and a comprehensive audit from September 19, 2005 through October 21, 2005. In addition, the following audits were requested by SQ's management:

Personnel Transactions	February 28, 2005 through March 1, 2005 and
	March 14, 2005 through March 25, 2005.
Plant Operations	June 23, 2003 through June 27, 2003

Unresolved findings are identified in this report as "Prior Finding."

An exit conference was held on October 7, 2009 with the Chief Deputy Warden, Business Services, and other institutional managers. The Audits Branch requested that SQ provide a CAP within 30 days after receipt of the audit report.

**Areas audited:**

- Personnel Transactions;
- Classification and Pay;
- Delegated Testing;
- Inmate Trust Accounting;
- Food Services;
- Procurement;
- Materials Management (i.e., Warehouses, Garage and Property);
- Plant Operations;
- Occupational Health and Safety; and
- Environmental Health and Safety.

Fifty-three findings are identified in the audit report, categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	8	1
Safety and Security	2	6
Health and Safety	8	8
Internal Control	11	12
Late Detection and Additional Workload	19	18
Policies and Procedures	3	31
Training	1	33
Fines and Penalties	1	33
<b>Total</b>	<b>53</b>	

The executive summary provides the category, a brief description of the finding, impact, and a notation of “**prior finding**,” if applicable.

## **I. ADMINISTRATIVE CONCERNS**

### **A. Turnover**

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (67 percent), Personnel (50 percent), Procurement (48 percent), Food Services (42.5 percent), and Plant Operations (26 percent).

**Impact:** This condition could result in difficulty meeting the objectives of Business Services and complying with mandated policies and procedures.

### **B. Personnel Transactions**

#### **Nepotism**

The Audits Branch noted four instances of nepotism. The instances occurred in Accounting, the Personnel Office, Plant Operations and Main Records.

**Impact:** This condition could affect safety, security, morale, fair and impartial supervision.

#### **Probationary Reports and Individual Development Plans (IDP)**

Supervisors do not prepare Probationary Reports and IDP in a timely manner. As of September 21, 2009, there are 352 reports outstanding that were due for the period of April 2009 through September 2009.

**Impact:** This condition could result in employees being unaware of their job performance and of work expectations.

## **Organizational Charts**

There are deficiencies related to the accuracy and availability of the Organizational Charts. For example, they do not always reflect the current organizational structure, display correct position numbers and a current organization chart is not available for the Inmate Assignment Office.

**Impact:** This condition could result in inaccurate reporting structures, and difficulty determining position numbers.

## **C. Food Services**

Post orders are not reviewed and updated annually; they exceed 4 pages and are signed by only 1 staff member in a 12 month period.

**Impact:** This condition could result in staff not being aware of their current duties and responsibilities.

## **D. Maintenance Warehouse**

There are new refrigerators, ovens, ice makers, griddles, and oven ranges that have been stored for many years without usage.

**Impact:** This condition results in clutter, may impact the efficient processing of inventory management, and can be construed as wasting State funds.

## **E. Duty Statements and Desk Procedures**

Duty Statements are not always signed and dated by the employees and may not reflect current duties. This was noted in the Trust Office and Maintenance Warehouse. Additionally, duty statements for support staff working in the Inmate Assignment Office are not available and may not have been reviewed by support staff. Lastly, desk procedures are not up to date in Procurement.

**Impact:** This condition could result in employees not being aware of, or fully complying with their current duties and responsibilities.

## **F. Operational Procedures (OP) and Department Operations Manual (DOM) Supplements**

Operational Procedures and DOM Supplements are not updated in a timely manner. For example, per SQ's Institutional Operational Procedures listing, there are a total of 87 OPs of which 57 are dated 2008 or older and there are a total of 122 DOM supplements of which 98 are dated 2008 or older.

**Impact:** This condition could result in difficulty determining current practices, policies, and procedures.

## **II. SAFETY AND SECURITY**

### **A. Plant Operations**

#### **Emergency Generators (Prior Finding)**

The emergency generators located at the Nuemiller Infirmary, the Boiler House, and East Block have not been tested and preventive maintenance has not been performed since 2006, and they are inoperable.

**Impact:** This condition resulted in the 88-6B Emergency Repair Declaration and a Special Repair request at an estimated cost of \$2.5 million. Additionally, the Institution incurs a cost of \$43,000 up front and \$38,000 per month to rent/lease emergency generators. The cost will increase if the generators are required to operate jeopardizing the safety and security of the Institution in the event of a power outage.

#### **Emergency Procedures**

The 2001 Emergency procedures are not up-to-date. The Emergency Call list has not been updated since 2007. Additionally, the Plot Plans have not been updated.

**Impact:** This condition could result in an atmosphere that may expose staff and inmates to safety risks. Also, outside agencies that may be required to respond to institutional emergencies may not have accurate information.

## **III. HEALTH AND SAFETY**

### **A. Environmental Health and Safety**

#### **Hazardous Communications Program (Prior Finding)**

There are deficiencies related to the Hazardous Communications Program (HCP). For example:

- Staff appears unaware of the HCP.
- Chemical labels are not removed from drums that contain garbage and may not denote pertinent information.
- Hazardous Waste (HW), such as, boiler test chemicals have been stored since January 2003.
- Chemicals are placed into secondary containers without labels.
- All 55-gallon drums are not marked with the word "empty."
- The tank which houses used oil is not maintained appropriately (i.e., opened only to add or empty).

**Impact:** This condition may result in difficulty identifying the contents of containers, and employees coming into contact with hazardous materials.

## **Hazard Material Storage**

There are multiple five-gallon buckets of latex paint and other chemicals that have corroded and rusted metal lids with exposed chemicals. Also, there is a pallet of wood that is infested with fungus and maintained inside the warehouse and parked next to other undamaged pallets of wood.

**Impact:** This condition may result in the spread of fungus and impose an increased threat to life, health, and safety. Also, penalties and fines may be assessed.

## **Material Safety Data Sheets (MSDS) (Prior Finding)**

The MSDS are not current at the Electrical Shop and Pest Control.

**Impact:** This condition could result in difficulty responding to emergencies.

## **Daily Chemical Inventory**

There is no daily chemical inventory sheet at the Prison Industry Authority (PIA) Furniture Factory, Electrical Shop, Paint Shop, Pest Control, and H-Unit Culinary.

**Impact:** This condition could result in late detection of irregularities related to chemical usage.

## **B. Plant Operations and Hazard Evaluations**

### **Injury and Illness Prevention Plan (IIPP) (Prior Finding)**

Staff is not always supplied with access to hazard information pertinent to their work assignments (i.e., site specific Hazard evaluations). Additionally, Plant Operations does not maintain a current IIPP, which is dated 2004.

**Impact:** This condition could result in duties not being performed in a safe and healthy manner.

### **Safety Meeting (Prior Finding)**

Safety meetings (i.e., tailgates) are not conducted for each maintenance section at least every 10 days and written minutes taken. Of the shops tested, 100 percent did not conduct and document consistent safety meetings in accordance with the California Code of Regulations (CCR), Title 8.

**Impact:** This condition could result in duties not being performed in a safe and healthy manner.

## **Personal Protective Equipment**

Inmates are not wearing appropriate foot gear while working at Plant Operations, (e.g., tennis shoes are worn instead of leather boots).

**Impact:** This condition could result in injuries and the appearance that Plant Operations is not implementing and maintaining an effective IIPP.

## **C. Maintenance Warehouse**

### **Emergency Eyewash Station (Prior Finding)**

The emergency eyewash stations located in the warehouse are not properly maintained. For example, there is no record or log indicating whether the eyewash stations are properly operating.

**Impact:** This condition may result in difficulty responding to emergencies.

## **IV. INTERNAL CONTROL**

### **A. Procurement/Materials Management**

#### **Reports (Prior Finding)**

The Over Maximum, Items on Order and Minimum/Maximum Reports may not be accurate.

**Impact:** This condition gives the appearance that the Institution is over ordering inventory and wasting State funds.

Access to the Support Warehouse is not restricted when employees who do not work in the warehouse, do not sign the entrance log.

**Impact:** This condition could result in late detection of theft and/or misappropriation.

#### **Adjustments (Prior Finding)**

Adjustments to inventory are not approved by the Business Manager before making adjustments to the State Logistics and Materials Management (SLAMM). Physical inventories are performed once a year which compounds this condition.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

Internal Controls over the Maintenance Warehouse inventory is inadequate. For example, SLAMM is inoperable, spot checks are not performed, duties are not separated, access is not restricted, and there is a backlog of posting documents. Additionally, there are multiple unmarked pallets of paint, caulking, etc.

**Impact:** This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

### **B. Non-Drug Medical Supply Warehouse**

Inventory adjustments are not recorded in SLAMM by someone independent of the Non-Drug Medical Warehouse operations. In addition, the Inventory Adjustment Form (CDC 1067) is not used and adjustments are posted prior to approval by the Business Manager.

**Impact:** This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

### **C. Inmate Trust Accounting**

Obsolete checks are not properly destroyed. There are approximately 2,000 blank checks from the era of Thomas W. Hayes (circa 1989), Kathleen Brown (circa 1991), and Philip Angelides (circa 1999), who were State Treasurers.

**Impact:** This condition may result in late detection of missing State funds.

Separation of Duties is inadequate for securities. For example, one person controls securities from receipt to disposition.

**Impact:** This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

### **Distribution of Payroll (Prior Finding)**

Controls of salary warrants are inadequate. The person responsible for receiving and distributing salary warrants also processes personnel documents (i.e., timekeepers processing CDC 998-As). Additionally, in two areas within PIA, a timekeeper is the pay master.

**Impact:** This condition could result in late detection of errors and/or irregularities and the manipulation of attendance.

### **Release of Salary Warrants (Prior Finding)**

Salary Warrants are released prior to the completion of an employee's work shift. Additionally, salary warrants are released to persons other than the payee without verification.

**Impact:** This condition could result in employees cashing checks prior to the time authorized by the State Treasurer and late detection of errors and/or irregularities, theft, and misappropriation.

### **D. Garage**

Vehicle maintenance and mileage logs are not maintained. Also, the Audits Branch could not determine the exact number of vehicles based on records provided. Additionally, stock records are not maintained for inventory located in the garage.

**Impact:** This condition could result in late detection of maintenance problems, errors, and/or irregularities, possible additional cost due to repair, and difficulty determining vehicle inventory.

## **E. Property**

Of the 75 property items tested by location, 25 do not reconcile with the physical inventory list provided by the Procurement Officer.

**Impact:** This condition may result in late detection of errors, irregularities, theft, and/or misappropriation as well as difficulty locating the property.

## **V. LATE DETECTION AND ADDITIONAL WORKLOAD**

### **A. Personnel Transactions**

#### **Attendance Records (Prior Finding)**

There are deficiencies related to attendance records. For example, 40 percent of custody staff has not turned in their CDC 998-As for the month of July 2009 (i.e., includes 23 percent Correctional Sergeants and 21 percent Correctional Lieutenants).

**Impact:** This condition results in difficulty determining the appropriateness of leave taken, manipulation of leave usage, and creates additional workload for Personnel.

#### **Accounts Receivable (Prior Finding)**

The Personnel Office has not established Accounts Receivable (AR) for approximately 34 months (i.e., 2007, and 2008 through June 2009) for employees (i.e., Custody Staff) required to submit CDC 998-A forms.

**Impact:** This condition results in understating ARs by approximately \$7,398,400, a financial hardship for employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload.

#### **Custody Sign In/Out Sheets (Prior Finding)**

The Personnel Post Assignment System (PPAS) Custody Sign In/Out Sheets are incomplete. The Captains are not signing the Custody Sign In/Out Sheets when a Lieutenant's name appears on the sheet. In addition, the PPAS sheets for Custody Staff are incorrect. For example, Military Leave (ML) is used for an absence that should be Military Leave Drill (MLD) and vice versa. Also, employees are using more than the allowed Bereavement Leave (BL) limit of three working days and, BL is used instead of Bereavement Leave Fiscal (BLF).

**Impact:** This condition could result in manipulation of time and late detection of inappropriate use of leave.



## **Custody Timesheets (Prior Finding)**

The custody timekeepers are not following the PPAS “Monthly Planner.” The planner provides the dates that specific duties are to be performed, such as printing reminder notices, generating the CDC 998-As, delinquency reports, etc.

**Impact:** This condition makes it difficult for the personnel transactions staff to process accurate payroll and enter leave credits for employees into the California Leave Accounting System (CLAS). Also, the employee may think that they are not required to submit a CDC 998-A.

## **California Leave Accounting System (Prior Finding)**

The CLAS and the payroll records (i.e., Time and Attendance Report, Form 672) do not reflect the accurate time used or paid. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded on the CLAS or reconciled with the payroll. In addition, the PPAS does not reflect the changes made to leave credits used when an employee opts to use leave credits instead of dock.

**Impact:** This condition results in late detection of inappropriate use of leave and inaccurate attendance records.

## **Post and Bid**

The Post and Bid guidelines are not followed for Bargaining Units 12 and 13. For example, job bulletins do not contain the post and bid language and the Post and Bid Application forms on file in the Personnel Office are not considered during the hiring process.

**Impact:** This condition may have resulted in illegal hires or eliminate eligible employees from the hiring process.

## **Payroll Documents**

There are payroll documents that are not certified (i.e., signed and dated) by the transactions staff in the Personnel Office. For example, the Std. 666, Payroll Exception Report, and the Std. 966, Employee Time Certification, are not always signed and dated.

**Impact:** This condition could result in manipulation of time, time paid, and/or late detection of errors or irregularities.

## **Interview Packages**

Two interview packages (i.e., Stationary Engineer and Facility Captain) were reviewed. The interview questions lacked a clear scoring pattern. Also, the Stationary Engineer score sheets are on a separate sheet from the questions. At times, on the Facility Captain Score sheets, the Audits Branch was unable to identify who the candidate was or the panel member.

**Impact:** This condition results in difficulty justifying the selection and verifying eligibility. Additionally, if a complaint is filed and a hearing is scheduled with the State Personnel Board (SPB), the Institution staff will have difficulty supporting their selection.

## **B. Inmate Trust Accounting**

There are five deficiencies related to Group Accounts as follows: By-laws are outdated or non-existent, there are no authorizations, group accounts do not reconcile with the Trust Restitution Accounting Canteen System (TRACS), and source documents are not always available.

**Impact:** This condition could result in late detection of errors and/or irregularities.

## **C. Inmate Workers Supervision Pay (IWSP)**

There are several deficiencies related to IWSP. For example, staff are signing the CDC 1697 prior to verifying that inmates worked, the CDC 1697 is not always attached to the CDC 998-A, inmates may not be working 173 hours, and staff use the outdated CDC 1697.

**Impact:** This issue could result in difficulties ensuring that staff are eligible to be paid IWSP.

## **D. Delegated Testing**

The Competitive Rating Report for the Supervising Correctional Cook does not reflect the limited score that the candidates received in the examination. Additionally, Veteran Preference Points were not verified.

**Impact:** This condition could result in incorrect scores assigned to competitors, and illegal hires.

The Post Examination Evaluation Checklist (Form 295) is not completed for examinations administered. **(Prior Finding)**

**Impact:** This condition could result in the same problems being made during the next administration of the examination.

## **E. Procurement**

Two of the five Purchase Orders reviewed do not reflect the Disabled Veterans Business Enterprise (DVBE) information.

**Impact:** This condition could result in inaccurate information reflected on the Contracting Activity Report (Std. 810) as well as impact the percentage of dollars awarded to DVBE.

There are deficiencies related to the five Service and Expense Orders (S&E) reviewed. For example, one could not be located, the Payee Data Record (Std. 204) is not complete, there are insufficient quotes, the start date is prior to the approval date, and four S&Es have old Program Cost Allocation and objects codes.

**Impact:** This condition could result in late detection of errors and/or irregularities.

## **F. Support Warehouse**

Thirty percent of the pallets maintained in the warehouse are not marked with the date of receipt.

**Impact:** This condition results in difficulty controlling inventory using the first in/first out (FIFO) method of inventory control.

## **G. Maintenance Warehouse**

There is no catalog of warehouse stock items maintained in the Maintenance Warehouse or within Plant Operations.

**Impact:** This condition may result in difficulty requisitioning materials.

## **H. Plant Operations**

### **Plant Operations Maintenance (Prior Finding)**

The Plant Operations Maintenance Report (POM) does not accurately reflect Plant Operations activities; based on the period sampled (i.e., March 2009-August 2009).

**Impact:** This condition may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit, Standard Automated Preventive Maintenance System (SAPMS).

### **Preventive Maintenance (Prior Finding)**

During the period sampled (i.e., March 2009 through August 2009), 4,119 Preventative Maintenance (PM) work orders were generated, of which 54 percent are placed into deferred and cannot complete categories. The Audits Branch also noted that 13 of the 32 (41 percent) assets tested in Food Services do not have maintenance identifiers. Additionally, PM is not performed on 22 of the 32 assets. Lastly, it should be noted that 2,300 hours is allocated to staff to perform PM during the 6 month test period.

**Impact:** This condition may render the PM program ineffective, decrease efficiency, increase downtime, and result in additional repair costs.

### **Backflow (Prior Finding)**

Backflow devices are not tested on an annual basis.

**Impact:** This condition could result in late detection of irregularities.

### **IWSP (Prior Finding)**

The Inmate Work Supervisors Time Log, CDCR 1697s, are incomplete and do not reconcile with the inmate duty statements. Additionally, they are not secured by staff.

**Impact:** This condition could result in late detection of errors and irregularities.

## **VI. POLICIES AND PROCEDURES**

### **A. Plant Operations**

#### **Plant Operations Procedure Manual (Prior Finding)**

Policies maintained in the Plant Operations Procedure Manual (POPM) are not always updated. For example, the Work Order Policy and Toxic Substances OP have not been updated.

**Impact:** This condition could result in difficulty identifying operational procedures and may reduce compliance and effectiveness.

OP, Facilities Management Division (FMD) 0100 Work Requests, Work Orders, and Project Requests have not been adopted by the Institution. As a result, a Work Order Coordinator has not been designated, and work order requests are incomplete.

**Impact:** This condition results in not complying with the standardized procedures related to processing work request, work orders, and project requests.

#### **Pest Control Operational Procedure (Prior Finding)**

There is no approved institutional OP for the Pest Control Technician. Additionally, OP number 22000, Hazardous Waste, does not dictate the proper process for application of pesticides and insecticides.

**Impact:** This condition may expose staff and inmates to potentially harmful chemicals.

## **VII. TRAINING**

The Local Testing Office staff have not received formalized Delegated Testing Training from headquarters. The Local Testing Officer was appointed to the position on October 17, 2007. Additionally, staff in Procurement, Food Services, Plant Operations, and Inmate Trust Accounting have not completed required mandated training.

**Impact:** This condition could result in staff not being adequately trained to perform their job duties.

## **VIII. FINES AND PENALTIES**

### **A. Environmental Health and Safety**

The Pressure Vessel Permits are not posted at the PIA Furniture Factory, Boiler Room, and Fire Department.

**Impact:** This condition could result in duties not being performed in a safe and healthy manner, fines, and penalties.

## **FINDINGS AND RECOMMENDATIONS**

### **I. ADMINISTRATIVE CONCERNS**

#### **A. Turnover**

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (67 percent), Personnel (50 percent), Procurement (48 percent), Food Services (42.5 percent), and Plant Operations (26 percent).

This condition could result in difficulty meeting the objectives of Business Services and not complying with mandated policies and procedures.

The Audits Branch has no specific policy to cite related to turnover.

#### **Recommendation**

Analyze turnover ratios periodically and develop strategies to reduce turnover, when deemed necessary.

#### **B. Personnel Transactions**

##### **1. Nepotism**

The Audits Branch noted four instances of nepotism. The instances occurred in Accounting, Personnel, Plant Operations, and Main Records. Examples of relationships are grandmother/granddaughter, father/son, mother/daughter, and cousin/cousin. The Audits Branch determined these relationships by examining: 1) the employees' relationship to one another; 2) the organizational structure; and 3) the duties performed.

The Nepotism could affect or adversely influence safety, security, morale, and fair and impartial supervision.

DOM, Section 33010.25, Nepotism/Fraternization, states in part: "Employees involved in such relationships may work in the same program, section, or unit. However, appointments or assignments shall not be made where the employee would:

- Work for the same supervisor;
- Have a direct (first line supervisor), or indirect supervisory relationship (second line supervisor)...."

#### **Recommendation**

Review DOM, Section 33010.25 to gain an understanding of the Nepotism policy. Review all organizational charts to determine violations of policy and take action as

necessary to resolve the nepotism violations. Review all areas for any other possible relationships that violate the Nepotism policy and resolve the issue. Also, provide training on the Nepotism policy and monitor the process for compliance.

## **2. Probationary Reports/IDPs**

Supervisors do not prepare Probationary Reports and IDPs in a timely manner. As of September 21, 2008, there are 352 reports outstanding that were due for the period of April 2009 through September 2009.

This condition results in employees being unaware of their job performance and of work expectations.

CCR, Title 2, Section 599.798, Performance Appraisal, states in part: "... (b) Performance appraisal is a continuing responsibility of all supervisors, and supervisors shall discuss performance informally... shall make an appraisal in writing and shall discuss with the employee overall work performance at least once in each twelve calendar months...."

The Report of Performance for Probationary Employee (Std. 636) states in part: "A probationary period of not less than six months or more than one year is required before permanent civil service status is attained, and reports must be prepared at the end of each one-third portion of the period...."

Personnel Transaction Manual (PTM), Section Agency Responsibility, 900.1, states in part: "... each State agency is responsible for the administration of the performance appraisal program for permanent and probation employees. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board."

### **Recommendation**

Establish a procedure to ensure Probationary Reports and IDPs are completed and monitored. In addition, the Personnel Office should include a process that notifies management of delinquent Probationary reports and IDPs and monitor the process for compliance.

## **3. Organizational Charts**

There are several deficiencies related to the accuracy of the Organizational Charts. For example, they do not always reflect the current organizational structure and display correct position numbers. For example, the total number of positions does not reconcile to the count of 45 reflected for staff in Procurement. According to the

organizational chart, the Business Services Officer I supervises four, however according to the Procurement & Services Officer (P&SO) II, the Business Services Officer I supervises five.

One employee is listed in two different position numbers. Four Materials & Stores Supervisor (M&SS) I's working in the canteen are not reflected on the organizational chart and another two M&SS I's are not reflected on the organizational chart at all. The P&SO II is not aware of one employee in position number 266-1508-022 and not aware of the 2<sup>nd</sup> Heavy Truck Driver, Correctional Facility position.

This condition results in difficulty determining the current organizational structure, position number, and employee occupying the position.

CDCR Memorandum dated December 13, 2007, Organizational Charts, states: "Organizational charts must be signed and dated by executive level management or designee. The positions included should be actual budgeted positions. All positions must show or display full civil service titles. Organizational charts must give an indication of whether the position is vacant or filled. Reporting relationships as well as unit and section names must be displayed."

### **Recommendation**

Ensure that all organizational charts are updated in accordance with CDCR guidelines.

### **C. Food Services**

Post orders are not reviewed and updated annually, they exceed four pages in length, and are signed by only one staff member in a 12 month period.

This condition could result in staff not being aware of their current duties and responsibilities.

DOM, Section 51040.4, states in part: "Each Captain and Health Care Manager shall establish a schedule so that all post orders receive an annual review and update to incorporate changes in rules, regulations, policy, institution operations, and the DOM. Whenever a post order is reviewed or updated, the date of the review shall be included on the post order.

- The Captain or area Manager shall assign a second line supervisor to be responsible for the review, revision, and/or preparation of designated post orders.
- Post orders shall be accurate, complete, and concise.
- Post order drafts shall be submitted to the immediate supervisor for review then forwarded to the second line supervisor who, after approval of the draft, shall have the post order prepared in final form...."



DOM, Section 51040.5, states: "Post orders shall not exceed 4 pages in length and shall be prepared utilizing the following format:

- Revision Date;
- Division/Institution;
- Post Description;
- Post Order Number;
- Watch;
- Hours of Work;
- Regular Days Off;
- Direct Supervisor;
- Indirect Supervisor;
- Area of Responsibility;
- General Duties and Responsibilities;
- Special Instructions;
- Operational Time Schedule; and
- Signature Blocks.

DOM, Section 51040.6.1, states in part: "Supervisors, by authority of the Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post. Employees under post orders are required to sign and date the CDC Form 1860, Post Order Acknowledgment Form, verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence...."

### **RECOMMENDATION**

Annually review and update post orders. Additionally, ensure post orders are read and signed by all staff assuming the post. Reinforce with additional training.

### **D. Maintenance Warehouse**

There are multiple deficiencies related to the storage of materials and equipment. For example, there are multiple unmarked pallets containing paint, caulking, etc. There are multiple items blocking aisles. There is excess inventory of items not belonging to the maintenance warehouse. There are new refrigerators, ovens, ice makers, griddles, and oven ranges that have been stored for many years. There are multiple open boxes of three inch nails that are easily accessible to warehouse inmates.

This condition could result in difficulty controlling inventory using the FIFO method. Unused new equipment may be perceived as wasting State funds. Additionally, there may be a safety issue.

DOM, Section 22030.10.6, Storing Materials, states in part: "Accessibility shall be the first consideration when arranging stock for order processing. Fast moving, high transaction items shall be stored in locations where they can be selected and issued

with the minimum amount of handling.... A systematic stock rotation program shall exist at all warehouse storage areas. All materials in inventory shall be dated at the time of receipt. Items that carry an assigned shelf life require shelf rotation, first-in, first-out warehousing shall be used with these items. Whenever possible, the flow-through method for bulk storage items shall be used....”

### **RECOMMENDATION**

Ensure that all items are properly stored, marked, and rotated. Also, review the new equipment and take appropriate action.

### **E. Duty Statements**

Duty Statements are not always signed and dated by the employees and may not reflect current duties. This was noted in the Trust Office and Maintenance Warehouse. Additionally, duty statements for support staff working in the Inmate Assignment Office are not available and may not have been reviewed by support staff. Lastly, desk procedures are not up to date in Procurement.

This condition could result in employees not being aware and fully complying with their current duties and responsibilities.

SAM, Section 20050, states in part: “Information must be identified, captured, and communicated in a form and time frame that enable people to carry out their responsibilities....”

### **RECOMMENDATION**

Review and update duty statements and provide revised duty statements to employees for review and signature.

### **F. OP and DOM Supplements**

OP and DOM Supplements are not updated in a timely manner. For example, per SQ’s Institutional Operational Procedures listing, there is a total of 87 OPs, of which 57 are dated 2008 or older, and there is a total of 122 DOM supplements, of which 98 are dated 2008 or older.

This condition results in difficulty training and ensuring that employees are following current practices, policies, and procedures.

SAM, Section 20050, states: “Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system. Policy and procedural or operational manuals are either not currently maintained or are non-existent.”

## **RECOMMENDATION**

Ensure local operating procedures and DOM Supplements are updated in a timely manner and in accordance with DOM.

## **II. SAFETY AND SECURITY**

### **A. Plant Operations**

#### **1. Emergency Generators (Prior Finding)**

SQ does not maintain and test emergency generators adequately. Specifically, emergency generators located at the Nuemiller Infirmary, Boiler House and East Block have had no documented testing and maintenance since 2006, and are inoperable.

This condition resulted in the 88-6B Emergency Repair Declaration and a Special Repair request at an estimated cost of \$2.5 million. Additionally, the Institution incurs a cost of \$43,000 up front and \$38,000 per month to rent/lease emergency generators. The cost will increase if the generators are required to operate jeopardizing the safety and security of the Institution in the event of a power outage.

National Fire Protection Association (NFPA) Emergency Power Stand-by Systems (EPSS) 110, Appendix 6-4-1, states in part: "Level I EPSS including all appurtenant components shall be inspected weekly and shall be exercised under loads at intervals not more than 30 days. Appendix 6-4.2...at least once monthly for a minimum of thirty minutes...."

Institutions Maintenance Unit (IMU) memorandum "Emergency Power Generator Systems," dated December 21, 1999, directs institutions to conduct load bank tests on emergency generators and recommends that the institutions incorporate all assets and tasks into the SAPMS.

SQ's DOM supplement 22010, states in part: "...to establish a testing and servicing schedule on emergency generators to ensure full functional capabilities at all times. Methods-A, Plant Operations will perform a monthly test on the emergency generators located at the Electrical Substation in which the institution will be notified by a Wardens Bulletin that the power will be shut down. . . ."

### **Recommendation**

Comply with the CDCR IMU guidelines and incorporate all tasks related to Emergency Generators into the Facility Center database. Comply with CDCR IMU guidelines and incorporate all tasks related to Emergency Generators in the Facility Center database. Implement local operating procedures and initiate and maintain records in accordance with the NFPA.

## **2. Emergency Procedures**

Emergency procedures are not maintained and updated. They are dated 2001. The emergency call list has not been updated since 2007. Additionally, the plot plans are not updated and do not reflect prints of new construction, such as, the newly constructed Personnel Building and Medical Building. There are no contingency plans for emergency equipment and emergency equipment is not inventoried.

This condition could result in an atmosphere that may expose staff and inmates to safety risks. Also, outside agencies that may be required to respond to institutional emergencies may not have accurate information.

Title 15, Section 3302, Emergency Preparedness Plan, states: “(a) Each warden and superintendent must have in effect at all times a plan approved by the director for meeting emergencies delineated and required by the California Emergency Services Act of 1970. (b) This plan will include, as a minimum, emergency measures to be taken to prepare for the response to the following types of emergency situations: (1) War. (2) Earthquakes. (3) Seismic sea waves; (4) Flood; (5) Fire; (6) Civil Disturbances; (7) Accident, transportation-industrial, and; (8) Pollution. (c) A separate Employee Protection Plan will be developed in accordance with the California Emergency Services Act. Two copies of this plan will be attached to the emergency preparedness plan when that plan is submitted to the director for approval. (d) Emergency preparedness plans and the employee protection plan will be revised and updated by the warden or superintendent and be submitted to the director for approval biennially.”

### **Recommendation**

Maintain updated and approved Emergency Procedures to include current institutional plot plans.

### **III. HEALTH AND SAFETY**

#### **A. Environmental Health and Safety**

##### **1. HCP (Prior Finding)**

The Audits Branch noted the following deficiencies regarding the HCP:

- Staff appears unaware of the HCP;
- Chemical labels are not removed from drums that contain garbage and may not denote pertinent information;
- HW, such as, boiler test chemicals have been stored since January 2003;
- Chemicals are placed into secondary containers without labels;
- All 55-gallon drums are not marked with the word “empty;” and
- The tank which houses used oil is not maintained appropriately (i.e., opened only to add or empty).

This condition may result in difficulty identifying the contents of containers, and employees coming into contact with hazardous materials.

California Code of Regulations (CCR), Title 8, Section 5194 HCP, states in part: “Department heads shall monitor daily compliance with this procedure in the areas of their responsibility . . . Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained.”

DOM, Section 52030.2, states in part: “This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state and local laws or ordinances.”

DOM, Section 52030.4.1, states in part: “Maintain a constant daily inventory of all hazardous substances used or stored . . . .”

California Environmental Protection Agency (Cal/EPA), states in part: “Managing empty Containers the California regulation sets three standards to define an empty container . . . In order to retain exemption from regulation “empty” must be managed . . . .”

#### **RECOMMENDATION**

Review the CCR, DOM, and the Cal/EPA, and provide training to responsible staff related to the deficiencies identified above.

##### **2. Hazardous Materials Storage**

There are two deficiencies related to the improper storage of hazardous materials. For example, there are multiple five-gallon buckets of latex paint and other chemicals that have corroded and rusted metal lids with exposed chemicals. There

is a pallet of wood that is infested with fungus and maintained inside the warehouse and parked next to other undamaged pallets of wood.

This condition may result in the spread of fungus and impose an increased threat to life, health, and safety. Also, penalties and fines may be assessed.

CCR, Title 8, Section 5194, Hazard Communication Program, and DOM, Section 52030.4.1, states in part: "Department heads shall monitor daily compliance with this procedure in the areas of their responsibility . . . Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained."

DOM, Section 52030.5, states in part: ". . . unstable or unusable substances shall be removed and disposed of in a safe and healthful manner . . . . A contract for hazardous waste disposal shall be arranged with a licensed, approved hazardous waste transporter . . . ."

CCR, Title 22, Section 66262.34, states in part: ". . . that the HW label shall be marked with the words (1) hazardous waste (2) date upon which each period of accumulation appears (3) The composition and physical state of the waste etc."

### **RECOMMENDATION**

Review the two deficiencies noted above and take appropriate action to minimize the spread of fungus and reduce the possibility of fines.

### **3. MSDS (Prior Finding)**

The MSDSs are not current at the Electricians Shop and Pest Control Technician Shop.

This condition could result in difficulty responding to emergencies.

DOM, Section 52030.4, states in part: "Ensure that a properly completed MSDS is on file for the substance(s) as soon as possible. Documentation on requests for MSDS's should be maintained for any follow-up action as necessary. Specific instructions for acquiring a MSDS can be found in General Industry Safety Order (GISO) 5194...."

### **RECOMMENDATION**

Ensure that all MSDSs are current throughout the Institution.

### **4. Daily Chemical Inventory**

There are no daily inventories of chemicals conducted at the PIA Furniture Factory, Electricians Shop, Paint Shop, Pest Control, and H-Unit Culinary.

This condition could result in difficulty tracking and monitoring chemicals.

DOM, Section 52030.4.3, states: “Department heads and supervisors shall monitor daily compliance with this procedure in the areas of their responsibilities.

All supervisors shall....

- Maintain a constant daily inventory of all hazardous substances used or stored within the work area. Inventory lists shall be kept in a place inaccessible to inmates and separate from where items are stored....”

### **RECOMMENDATION**

Perform daily inventories of chemicals and monitor to ensure compliance.

## **B. Plant Operations**

### **1. Hazard Evaluations and IIPP (Prior Finding)**

Staff was not always supplied with access to hazard information pertinent to their work assignments (i.e., site specific hazard evaluations). Additionally, Plant Operations does not maintain its IIPP current, it is dated 2004.

This condition could result in duties not performed in a safe and healthy manner.

“SQ’s IIPP, Section IV, dated June 2008, states in part: “. . . supervisors are responsible for ensuring that staff are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to, MSDS, equipment-operating manuals, container labels and work area postings.

### **RECOMMENDATION**

Comply with SQ’s IIPP program and ensure that staff is provided with hazard information related to their job. Also, update the IIPP.

### **2. Safety Meetings (Tailgates) (Prior Finding)**

Safety meetings (i.e., tailgates) are not conducted for each maintenance section at least every ten days and written minutes taken. One hundred percent of the shops tested did not conduct and document consistent safety meetings in accordance with CCR, Title 8.

This condition could result in duties not being performed in safe and healthy manner.

CCR, Title 8, Article 3, Section 8406(e), IIPP, states in part: “. . . supervisory personnel shall conduct “toolbox” or “tailgate” safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be

kept, stating the meeting date, time, place, supervisory personnel, present subjects discussed, and corrective action taken, if any, and maintained for inspection.

### **RECOMMENDATION**

Comply with the CCR, Title 8, by conducting and documenting safety meetings in the frequency required.

### **3. Personal Protective Equipment**

Inmates are not wearing appropriate foot gear while working at Plant Operations. They are wearing tennis shoes instead of leather boots.

This condition could result in injuries and the appearance that Plant Operations is not implementing and maintaining an effective IIPP.

DOM, Section 54090.5, states in part: "Special clothing shall be provided for all workers who have assignments that require either distinctive clothing or protective clothing, such as culinary, medical/dental, gym conservation camps and maintenance assignments. When special clothing is required, it shall be purchased from the operating expense allotment of that particular activity."

### **RECOMMENDATION**

Ensure that inmates working in Plant Operations are evaluated to determine the need to wear protective shoes instead of tennis shoes.

### **C. Maintenance Warehouse (Prior Finding)**

The emergency eye wash station located in the Maintenance Warehouse is not properly maintained. For example, there is no record or log available for review to indicate whether the eye wash station is properly operating.

This condition may result in an increased threat to life, health, and safety.

CCR, Title 8, Section 5162(a), states in part: "Plumbed eyewash equipment should be activated weekly to flush the line and to verify proper operation." The American National Standards Institute (ANSI) Z358.1-1990 recommends that a written log be maintained to verify its operation.

### **RECOMMENDATION**

Ensure that the warehouse staff is complying with CCR, Title 8, and ANSI Standards.



## **IV. INTERNAL CONTROL**

### **A. Procurement/Materials Management**

#### **1. Over Minimum (Min)/Maximum (Max) and Items on Order (Prior Finding)**

The over maximum, items on order and Min/Max Reports may not be accurate. For example, the current over maximum report is \$800,000.

This condition gives the appearance that the Institution has excessive inventory, and is not canceling items that were ordered, but no longer needs.

DOM, Section 22030.4, states: "The program goal is to have quality materials available where they are needed, in adequate quantities, at a minimum cost to the Department. The Department's program objectives include the following: Support operations with an uninterrupted flow of material without overstocking. Maintain accurate stock records with fiscal accountability. Set stock levels after stock records are maintained and reset levels at least annually thereafter."

#### **RECOMMENDATION**

Identify items on order, determine if they are still needed, if not, disencumber funds. Also, update State Logistics and Materials Management (SLAMM) to accurately reflect inventory levels and future needs.

#### **2. Access to Support Warehouse**

Access to the warehouse is not restricted when employees who do not work in the warehouse do not sign the entrance log.

This condition could result in late detection of theft and/or misappropriation and make it difficult to determine who gained access to the warehouse.

DOM, Section 22030.11.1, states in part: "The warehouses shall be material distribution facilities and not merely places to store supplies. Planning and layout of space are dependent upon the types of supplies being stored. At all facilities used to store and distribute materials, entry/exit controls shall be in place to restrict unauthorized personnel from having access to the inventory (except in cases involving emergencies concerning health and safety)...."

#### **RECOMMEDATION**

Ensure that all staff visiting the warehouse sign in/out.

### **3. Adjustments to Inventory (Prior Finding)**

Adjustments to inventory are not approved by the Business Manager before making adjustments to SLAMM. Compounding this condition is that physical inventories are performed once a year.

This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

State Administrative Manual (SAM), Section 10860, states in part: "The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of inventory adjustments and returning it to the accounting office. The accounting office will post the adjustments authorized by the business manager to the Purchased Stores Ledger and will retain the signed list.... At least once every three months a designated employee, preferably not the storekeeper or custodian of the property, will take a complete physical inventory of those commodities that are required to be accounted in the Purchased Stores Ledger (see SAM, Section 10851). If it is unavoidable for other than the storekeeper or custodian to take the inventory, a realistic spot-verification of the inventory taking will be made by another employee designated by the business manager. The inventory may be taken on a cycle basis; i.e., one-third each month. Agencies may take a complete physical inventory once a month if their experience indicates that the monthly period is less time-consuming in the end because in their case the greater time required to trace errors on a quarterly basis outweighs the time saved in taking less frequent physical inventories. A detailed inventory plan similar to that described in SAM Section 8659 for equipment will be established and administered by the business manager...."

### **RECOMMENDATION**

Ensure that the Business Manager reviews and approves adjustments prior to entering adjustments into SLAMM. Also, consider performing spot checks periodically.

### **4. Maintenance Warehouse**

Internal Controls over the Maintenance Warehouse inventory are inadequate. For example, SLAMM is inoperable. According to staff, it has been inoperable since June 2009 and there are multiple unmarked pallets with paint, caulking, etc.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation. Also, SLAMM is not updated, reconciliation of inventory is difficult and the FIFO method of inventory control may not be used.

DOM, Section 22030.10.1, Records Maintained, states in part: "The responsible unit shall maintain stock records on all items that are stored in the maintenance warehouse.... Stock records shall be maintained by using a manual card or computerized inventory control system. The STD form 119, Stock Control Record, is

available for use as a manual stock record card in recording information dealing with the management and control of warehouse inventories...The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times . . . .”

### **RECOMMENDATION**

Ensure stock records are current and accurate. Maintain perpetual inventory records for all items that exceed a working stock (30 day) supply. Label all shelves with stock numbers. Perform inventory counts and spot checks of physical inventory at least monthly.

## **B. Non Drug Medical Supply Warehouse**

### **1. Inventory Adjustments**

Inventory adjustments are not recorded in SLAMM by someone independent of Non-Drug Medical Warehouse operations. In addition, the CDC 1067 form is not being used and adjustments are posted prior to approval by the Business Manager.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 10860, Physical Inventories, states in part, “The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of the inventory adjustments...The accounting office will post the adjustment authorized by the business manager.”

### **RECOMMENDATION**

Ensure that adjustments are approved prior to posting, and that someone independent of the Non-Drug Medical warehouse post the adjustments.

## **C. Inmate Trust Accounting**

### **1. Obsolete Checks**

There are obsolete checks that have not been properly destroyed. There are approximately 500 obsolete blank checks from the Philip Angelides (circa 1999) era as State Treasurer, approximately 500 obsolete blank checks from the Kathleen Brown (circa 1991) era as State Treasurer and approximately 1,000 obsolete blank checks from the Thomas W. Hayes (circa 1989) era as State Treasurer. These individuals served as State Treasurer in 1989, 1991, and 1999 respectively.

This condition may result in late detection of missing State funds.

SAM, Section 1750, states in part: “Each agency is responsible for the appropriate disposal of unused blank accountable forms (examples are checks, receipts, etc.).”

### **RECOMMENDATION**

Properly document and destroy obsolete checks.

### **Separation of Duties**

Separation of Duties is inadequate over securities. One person has significant control by controlling all aspects of securities from receipt to disposition.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 20500, Internal Control, states in part: “...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets... 3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures....”

### **RECOMMENDATION**

Review the duties and responsibilities related to safeguarding inmate securities and separate duties to ensure no one person has significant control.

## **D. Payroll/Accounting**

### **1. Salary Warrants (Prior Finding)**

The control over salary warrants is inadequate. The persons receiving and distributing salary warrants are also processing personnel documents (i.e., timekeepers processing CDC 998-A). Additionally, in two areas within PIA, a timekeeper is the pay master.

This condition could result in late detection of errors and/or irregularities, and the manipulation of attendance.

SAM, Section 8580.1, states: “State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents to SCO [State Controller’s Office], Division of Personnel and Payroll Services. Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: ...d. Absence and Additional Time Worked Report form, STD. 634 (the STD 634 has been replaced by the CDC 998-A).... Departments will review duties at least semiannually or more often if necessary to comply with this section.”

## **RECOMMENDATION**

Establish a procedure that complies with the SAM policy and monitor the process for compliance. Ensure that persons designated to receive, distribute, or handle salary warrants, are not authorized to process or sign personnel documents.

### **2. Release of Salary Warrants (Prior Finding)**

Salary warrants are released prior to the completion of an employee's work shift (e.g., prior to 1330 hours). Additionally, salary warrants are released to persons other than the payee without verification.

This condition could result in employees cashing checks prior to the time authorized by the State Treasurer and could result in late detection of errors and/or irregularities, theft, and misappropriation.

SQ's DOM Supplement, Section 31155.1, states in part: "A. Payroll Warrants will not be issued to anyone other than the payee, except as follows: An employee who desires his/her payroll to be released to another individual will furnish to Accounting an approved authorization to release salary warrant form (Attachment 1) twenty-four (24) hours prior to pick-up. The authorization will be kept on file in accounting for the period designated on the form.... C. Time of Issuance: 1. Payroll Warrants are distributed in accordance with SAM, Section 8580.2 to staff upon completion of their work shift on designated pay days. 2. Staff on duty who has not completed their work shift may pick up payroll warrants in the designated payroll distribution areas...."

## **RECOMMENDATION**

Ensure salary warrants are released at the completion of an employee's work shift and issued to the payee only. If salary warrants are not issued to the employee, ensure that there is a verified approved authorization.

### **E. Garage**

#### **1. Vehicles**

Vehicle maintenance and mileage logs are not maintained. The Audits Branch could not determine the exact inventory of vehicles based on records provided and stock records are not maintained for inventory located in the garage.

This condition could result in late detection of maintenance problems and possible additional cost due to repair, difficulty determining vehicle inventory and late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 4101, states: "It is the responsibility of agencies/departments to ensure compliance with minimum preventive maintenance standards for state-

owned mobile equipment. This includes, but is not limited to, prescribed lubrication service and mechanical inspection on a mileage or time basis....”

SAM, Section 4107, states: “Agencies/departments will maintain a Monthly Travel Log form, Std. 273, on all state-owned passenger mobile equipment except for motorcycles, trucks over ¾ ton, and heavy equipment....”

SAM, Section 20050, states: “Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system. Policy and procedural or operational manuals are either not currently maintained or are non-existent.”

## **RECOMMENDATION**

Maintain vehicle maintenance and mileage logs. Additionally, perform a physical inventory of vehicles and inventory and update inventory records as necessary.

### **F. Property**

#### **1. Inventory**

Of the 75 property items tested by location, 25 did not reconcile with the Physical Inventory List Report provided by the Procurement Officer.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation as well as difficulty locating the property.

DOM, Section 22030.12.5, Stock Records, states: “The Department shall maintain inventory control records on all property that meets the criteria for strict accountability.”

DOM, Section 22030.12.3, Property Identification Numbers, states: “Each item of state-owned property shall bear an identifying number, either by decal or engraving.... When the property is received from the vendor and prior to moving the item from the point of delivery, the property controller shall assign a property tag that indicates the division or unit to which the property belongs and a specific number that shall be affixed to the item.... To the extent possible, all property shall be tagged on the front, left-hand corner of the item. If the property tag is destroyed, lost or marred beyond recognition, a substitute number shall be supplied upon request.”

## **RECOMMENDATION**

Ensure that all property is added to the Property Control System before it is moved to the point of delivery. Additionally, ensure that location records by location are accurately reflected in the system.

## **V. LATE DETECTION AND ADDITIONAL WORKLOAD**

### **A. Personnel Transactions**

#### **1. Attendance Records (Prior Finding)**

There are deficiencies related to attendance records. For example, 40 percent of custody staff had not turned in the CDC 998-As for the month of July 2009 (i.e., includes 23 percent of Correctional Sergeants and 21 percent of Correctional Lieutenants).

This condition results in difficulty determining the appropriateness of leave taken, manipulation of leave usage, and creates additional workload for Personnel.

Administrative Bulletin (AB) 04-01, Attendance Record Policy – Bargaining Unit (BU) 06 and Aligned Non-represented Employees, Section AR, which states: “Leave taken without available/approved leave credits are subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC Form 998-A may result in an AR established in accordance with BU 06 MOU [Memorandum of Understanding], Section 15.12, and Side letter 4.”

#### **RECOMMENDATION**

Develop a strategy to ensure that custody supervisors and officers submit their CDC 998-A to personnel in a timely manner.

#### **2. Accounts Receivable (Prior Finding)**

The Personnel Office has not established AR for approximately 34 months (2007, and 2008 through June 2009) for those employees (i.e., Custody Staff) required to submit CDC 998-A forms.

This condition results in understating ARs by approximately \$7,398,400, and could result in a financial hardship on employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload.

AB 04-01, Attendance Record Policy – Bargaining Unit 06 and Aligned Non-represented Employees, Section AR, states: “Leave taken without available/approved leave credits are subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC Form 998-A may result in an AR established in accordance with BU 06 MOU, Section 15.12, and Side letter 4.”

#### **RECOMMENDATION**

Review and analyze delinquent CDC 998-As and determine whether ARs should be established. Establish ARs and monitor for compliance.

### **3. PPAS/Custody Sign In/Out Sheets (Prior Finding)**

The PPAS/Custody Sign In/Out Sheets are incomplete. The Captains are not signing the sheets when a Lieutenant's name appears. In addition, the PPAS sheets for custody staff are incorrect. For example, ML is used for an absence that is MLD and vice versa. Also, employees are using more than the BL limit of three working days and BL is used instead of BLF. Exacerbating this condition is that custody supervisors are approving CDC 998-As without appropriate substantiation.

This condition could result in manipulation of time, late detection of inappropriate use of leave and additional workload.

PPAS Timekeeping User Manual, Section Custody Sign/Out Sheet Overview, Completed Custody Sign In/Out Sheet, states: "Final Review and Approval: "If a Lieutenant's name appears on the Custody Sign In/Out Sheet, a Captain, or above, will need to sign for the individual."

The PPAS guidelines, Definitions of Pay Codes, should be used to alleviate this issue.

MOU, BU 6, Article 10, Leaves, 10.07 BL A, states: "Such absence for bereavement leave with pay shall be limited to not more than three (3) work days per occurrence during the fiscal year."

AB 04-01, Attendance Record Policy – BU 06, and Aligned Non-Represented Employees, states in part: "Supervisor Responsibility – PPAS and Non – PPAS, The Supervisor will:

- Review the CDC Form 998-A (October 1992) or (August 1999) for accuracy and completeness.
- Determine whether leave credit use is appropriate in accordance with the MOU (R06) or DPA [Department of Personnel Administration] Rules (S06, C06, and M06).

Sign and date CDC Form 998-A to certify that it is correct and complete . . . ."

### **RECOMMENDATION**

- Review the sign-in sheet for completeness.
- Provide extensive attendance record training to supervisors and monitor the attendance records for compliance.

### **4. Custody Timekeepers (Prior Finding)**

The custody timekeepers are not following the PPAS "Monthly Planner." The planner provides the dates that specific duties are to be performed, such as printing reminder notices, generating a CDC 998-A delinquency report, etc.



This condition makes it difficult for the personnel transactions staff to process accurate payroll and leave credits for employees. Also, the employee may be negligent in submitting their CDC 998-As.

PPAS, Monthly Planner, “August 6, Print Reminder Notices” and “August 11, Run: 998-A Delinquency Report.” PPAS, Timekeeping User Manual, Timekeeping Flow Chart, Monthly: which states: “Run 998-A Delinquency report (in Alpha order) and Delinquency Letters/Reminder Notices, after processing 998-A to remove “markers”.” Monthly: Run Delinquency report for the Personnel Specialist (PS) (Pay number order) after due date on the Reminder Letters and submit. The PS will send out the official A/R notice with a 15-day return date.”

### **RECOMMENDATION**

Monitor the functions of the timekeeper for compliance with the monthly planner procedure.

## **5. CLAS and Payroll Records (Prior Finding)**

The CLAS and the payroll records (i.e., Time and Attendance Report, Form 672) do not reflect the accurate time used or paid. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded on the CLAS, or reconciled with the payroll. In addition, the PPAS does not reflect the changes made to leave credits used when an employee opts to use leave credits instead of dock.

This condition results in late detection of inappropriate use of leave and inaccurate attendance records.

AB 04-01, Attendance Record Policy, BU 06, and Aligned Non-Represented Employees, states in part. The Department of Personnel Administration (DPA) Rules, Sections 599.665 and 599.702, Government Code (GC) Section 19849, and the Fair Labor Standards Act (FLSA), Chapter VI, requires all departments to maintain complete and accurate time and attendance records for each employee covered by the FLSA. CDC’s policy establishes a process and time frame for submitting time and attendance records to the Personnel Office to meet mandated requirements.

### **RECOMMENDATION**

Correct leave records to reflect accurate attendance records, and monitor the process for compliance. Establish a review and monitoring process. Provide both formal and informal training, as necessary.

## **6. Post and Bid Guidelines**

The Post and Bid guidelines are not followed for Bargaining Units 12 and 13. For example, job bulletins do not contain the post and bid language and the Post and

Bid Application forms on file in the Personnel Office are not considered during the hiring process.

This condition may have resulted in illegal hires or eliminate eligible employees from the hiring process.

Office of Personnel Services, Post and Bid Procedures, Advertising, states in part: "Each Post and Bid vacancy must be individually advertised. A Post and Bid Position announcement must be posted on WVPOS (Job Bulletin@cdcr.ca.gov) in the Job Opportunity Bulletin...Every vacant full-time permanent position is classifications identified in the Memorandum of Understanding (MOU) and arbitration agreement shall be filled unitizing the Post and Bid process unless the exceptions outlined below apply...."

### **RECOMMENDATION**

Establish a process that guarantees the Post and Bid guidelines are followed when applicable. Ensure training is provided to the Delegated Testing Staff regarding Post and Bid.

## **7. Payroll Documents**

There are payroll documents that are not certified (signed and dated) by the transactions staff in the Personnel Office. For example, the Std. 666, Payroll Exception Report, and the Std. 966, Employee Time Certification, are not always signed and dated.

This condition could result in manipulation of time, time paid, and/or late detection of errors or irregularities.

Payroll Procedures Manual, Form Completion, A 012, states: "Following are general instructions that apply to the completion of all payroll related forms. 1. All documents must be typed or printed in ink. 2. All documents must have an authorized signature (see Section I 500)."

### **RECOMMENDATION**

Provide training to Personnel Specialists regarding the State Controller's procedure for completing forms and monitor for compliance.

## **8. Interview Questions**

The interview questions lacked a clear scoring pattern based on the two interview packages (i.e., Stationary Engineer, Facility Captain) reviewed. Also, the Stationary Engineer score sheets are on a separate sheet from the questions. At times, the Audits Branch was unable to identify the candidate or the panel member (on the Facility Captain Score sheets). This makes it difficult to identify how the candidate was evaluated.

This condition results in difficulty justifying the selection, and verifying eligibility. Additionally, if a complaint is filed and a hearing is scheduled with the SPB, the Institution staff would have difficulty supporting their selection.

CDCR Memorandum dated April 4, 2003 Hiring Process, states: "Every candidate interviewed should be asked the same core set of questions and panel members should take notes and use the rating criteria to score responses to questions."

## **RECOMMENDATION**

Modify the Hiring Interview process so that it has a clear scoring pattern. Additionally ensure that there is a core set of job related leading questions with specific rating criteria for all interview questions. Review packages for completeness. Also, ensure questions are submitted to personnel for review and approval prior to interview.

### **B. Inmate Trust Accounting**

#### **1. Group Accounts**

There are five deficiencies related to the following Group Accounts: Team Exodus, San Quentin Trust, Long Termers, Protestant Group, and Black Culture Education Awareness. The deficiencies are as follows: 1) Four of 12 Group Accounts do not have By-Laws; 2) 6 of 12 By-Laws are outdated; 3) Fund raisers are conducted without the appropriate By-Laws which document the type, source of monies, purpose, persons authorized, use of moneys, etc. in accordance with SAM; 4) Source documents (i.e., approval/authorization for withdrawal) for donations and/or withdrawals are not provided on 23 out of approximately 50 transactions reviewed; and 5) The Group Accounts listed on SQ's DOM Supplement 101030, dated December 2008, do not reconcile with the Group Accounts actively listed and maintained in TRACS.

This condition could result in late detection of errors and irregularities and/or the misuse of the group accounts.

SAM, Section 19440.1, states: "Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restrictions on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved."

SQ's OP Supplement 0-1054, states: "Any fund-raising campaign conducted on institutional grounds, or using the name of San Quentin State Prison must be approved by the Warden or Chief Deputy Warden. Each Inmate Activity Group is limited to one food sale annually. Inmate Activity Groups will not be allowed to

request a food sale if by-laws are not current. San Quentin Trust Staff will provide a copy of the approved memo authorizing the food sale...”

SQ’s DOM Supplement 101030, states in part: “Community Partnerships Manager (CPM) responsibilities are.... Annually audit all group funds and expenditures. Each inmate activity group will be permitted up to two socials, at the warden’s discretion.... Sponsors are required to submit annual update by-laws and constitutions to the Community Partnership Manager annually.”

### **RECOMMENDATION**

Ensure that all fund raisers are authorized, update the criteria in the by-laws and date the by-laws when updated. Additionally, ensure that all source documents are retained for all transactions.

### **C. IWSP**

There are several deficiencies related to IWSP. For example, staff is signing the CDC 1697 prior to verifying that inmates worked, the CDC 1697 is not always attached to the CDC 998-A, inmates may not be working 173 hours and staff use the outdated CDC 1697.

This issue could result in difficulties ensuring that staff are eligible to be paid IWSP.

Refer to the following policies and procedures when processing IWSP transactions: California State Civil Service Pay Scale, Pay Differential 67, Alternate Range Criteria 40, and the Personnel Management Policy and Procedures Manual, Medical Clearances Section 375.

### **RECOMMENDATION**

Conduct a review of employees receiving IWSP to ensure that all files are complete and include proper documentation and meet the criteria for IWSP. Monitor the process to ensure compliance.

### **D. Delegated Testing**

#### **1. Scoring**

The Competitive Rating Report for the Supervising Correctional Cook does not reflect the limited score that the candidates received in the examination. Additionally, Veteran Preference Points are not verified.

The lack of proper documentation in the examination history file may lead to re-administration of the examination and possible illegal hires, if appointments have been made.

Refer to the following policies and procedures when processing examinations: CDCR's, Delegated Testing Manual, SPB's Delegated Testing Manual, Section 130, General Information Security, page 130.5, Section D, Procedures for Reviewing and Detailing an Application, Std. 678, (Rev. 12/2001), Section I, Qualifications Appraisal Interviews Procedures, and Section L, Veterans Preference Procedures.

### **RECOMMENDATION**

Ensure that the procedures listed on the examination checklist for Qualifications Appraisal Interviews are followed to ensure compliance with the administration of examinations.

## **2. Post Examination Evaluation Form (Prior Finding)**

The post examination evaluation checklist (Form SPB 295) was not completed for the examinations reviewed (i.e., Supervising Correctional Cook, Stationary Engineer, etc.).

This condition could result in the same problems being made during the next administration of the examination.

Reference the CDCR's, Delegated Testing Manual, Section K7, Post Examination Evaluation, Recommendations Checklist, SPB 295, for specifics.

### **RECOMMENDATION**

Ensure that the SPB 295 is completed for each administration of an examination.

## **E. Procurement**

### **1. Purchase Orders**

Two of the five purchase orders reviewed do not reflect the DVBE information.

This condition could result in inaccurate information reflected on the Std. 810 reports as well as impact the percentage of dollars awarded to DVBE.

DOM, Section 22030.6.4.1, states in part: "The requirements of the delegated purchase program are as follows:

- At least 25 percent of the dollar value of delegation orders shall be placed with small businesses...."

### **RECOMMENDATION**

Ensure that purchase orders reflect the correct information for DVBE.

## 2. S&E

There are deficiencies related to four of the five S&E's reviewed, which are listed below. Additionally, four S&E's had old Purchasing Code Authority (PCA) and Object Codes.

S&E Number	Deficiency
001SQ09	Could not locate,
005SQ09	Std. 204 was not complete, fax sheet on file requesting Std. 204.
010SQ09	Insufficient quotes.
012SQ09	Start date is prior to the approval date and different dollar amount on log than on actual S&E.

This condition results in late detection of errors and/or irregularities, difficulty confirming/verifying if the contractor is performing actual work. Additionally, not obtaining more than one bid makes it difficult to determine whether CDCR contracted for the lowest bid. Additionally, when the S&E term start date is prior to the approval date this may result in the vendor providing unauthorized services.

DOM, Section 22030.9, states in part: "Services for repair, rental of equipment, classroom space, and other minor services from private vendors, costing less than \$500, can be obtained by using a CDC Form 1063, Service and Expense Order. This form shall be used in lieu of the STD Form 2, Standard Agreement. Prior to any service being performed and expenses incurred, approval in writing shall be obtained from business management staff. Services performed may require labor and materials. Transactions with less than 10 percent labor charges are purchases and shall be obtained on either a sub-purchase or delegated purchase program order. Transactions with greater than 50 percent labor charges are services and can be obtained using the service and expense order form. Transactions with labor charges between 10 percent and 50 percent require consultation with an Office of Procurement formal bid buyer to determine the appropriate method for acquisition. Services of a minor nature normally do not require competitive bidding, but staff shall identify and employ cost effective methods when contracting for services from private vendors...."

### **RECOMMENDATION**

Centralize the location where S&Es are maintained. Complete the Std. 204 prior to processing S&E. Obtain or make an effort to obtain more than one quote when utilizing large businesses, and when possible opt to use small business/DVBE. Ensure that term starts on all S&Es are after authorization and update the PCA and object codes to coincide with Regional Accounting Office.

## **F. Support Warehouse**

### **3. FIFO**

Thirty percent of the pallets maintained in the warehouse are not marked with the date of receipt.

This condition results in difficulty controlling inventory using the FIFO method of inventory control.

DOM, Section 22030.11.6, states in part: "A systematic stock rotation program shall exist at all warehouse storage areas. All materials in inventory shall be dated at the time of receipt. Items that carry an assigned shelf life require shelf rotation; first-in, first-out warehousing shall be used with these items. Whenever possible, the flow-through method for bulk storage items shall be used. With the flow-through method stock is selected from one end of a row or rack of a single stock item and new stock is replenished at the other end...."

### **RECOMMENDATION**

Ensure all applicable pallets with goods are properly marked with the date of receipt to ensure that the FIFO method of inventory is used to control inventory.

## **G. Maintenance Warehouse**

### **1. Stock Items**

There is no catalog of warehouse stock items maintained in the Maintenance Warehouse or within Plant Operations.

This condition may result in difficulty requisitioning materials.

DOM, Section 22030.10.7, Distribution of Materials, states in part: "... a catalog of items in inventory shall be provided to staff for ease of requisitioning materials...the distribution of maintenance warehouse items shall be basically the same as distributions of all other items, except all trades staff stock a 30 day supply of maintenance supply items in their respective areas or vehicles to eliminate frequent trips to the warehouse.... Every effort shall be made by staff to maintain accurate warehouse and inventory control records, which make the detection of losses easier."

### **RECOMMENDATION**

Ensure that the maintenance warehouse has a stock catalog.

## **H. Plant Operations**

### **1. POM Report (Prior Finding)**

The POM reports do not accurately reflect Plant Operations activities based on the period sampled (i.e., March 2009 through August 2009). For example:

- The total number of hours used is understated by over 2,000 hours.
- The Electronic Technician, Stationary Engineers, Painters and Telecommunications trades are not meeting minimum hours for the pay period.
- There are over 1,200 hours of overtime (i.e., \$77,000) which is not captured.
- Inmate labor is not captured.
- Over 18,000 hours are used for other hours which is time that is not related to work orders.
- Priorities may be inaccurate. For example, Priority 3 and 4 designations are used instead of a Priority 5 for in-house projects and escorts related to projects.

This condition may result in inaccurate reports provided to institutional management and Central Office Maintenance Unit SAPMS.

DOM, Section 11010.21.4, states in part: "Compile information for monthly reports as appropriate."

SAPMS guidelines, state in part: "Routing copies of the report to the following: Warden, Correctional Administrator, Business Services, and Correctional Plant Manager. . ."

### **RECOMMENDATION**

Route, validate, and review reports for accuracy to determine that they accurately reflect Plant Operations activities.

### **2. PM (Prior Finding)**

During the period sampled, (i.e., March 2009 through August 2009), 4,119 PM work orders were generated. Of this amount, 54 percent are placed into deferred and cannot complete categories. The Audits Branch tested 32 assets from 3 areas in Food Services and noted that 13 of the 32 assets (41 percent) did not have maintenance identifiers. In addition 22 (70 percent) are not maintained per SQ's published PM Schedule. Finally, over 18,000 hours were used for other hours and only 2,300 hours were allocated for PM.

This condition may render the PM program ineffective, decrease efficiency, increase downtime, and result in additional cost due to repairs.

SAPMS guidelines, state in part: ". . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment.... Without such program equipment will wear



out prematurely, structures will deteriorate, and efficient function of the facility will be compromised.”

California Retail Food Code, Article 5, 114257, states in part “All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair”.

### **RECOMMENDATION**

Comply with the methods of a PM program, provide maintenance identifiers, maintain the published PM schedule, and allocate the hours to PM.

### **3. Backflow (Prior Finding)**

Backflow assembly devices are not adequately maintained (i.e., tested annually). In addition, accurate inventories of devices or field tests were not provided. The Audits Branch noted that in the following areas, backflow devices are not tested on an annual basis:

- Building 81, H Unit
- Building 29, Infirmary
- Building 64
- Building 66
- Building 67, IDL Offices
- Building 71, Ranch Dining
- Building 48, Industries Warehouse
- Building 86, In Service Training
- Dorm-A
- Building 45, Fire House
- Building 23, North Block
- Building 23, North Block
- Building 53, Institution Garage
- Building 30, West Block
- Building 24, East Block
- Building 26, Kitchen/Dining Halls
- Building 34, Boiler house
- Building 50, Warehouses 3, 4, and 5
- Building 15, Employee Lounge

This condition results in difficulty determining the locations of backflow devices and whether backflow tests have been performed annually. In addition, this condition could allow the flow of water or other liquids, mixtures, or other substances into the distributing pipes of the potable water supply from any sources other than its intended source

The California Plumbing Code (CPC), 603.3.2, states: “The premise owner or responsible party shall have the backflow prevention assembly tested by a certified

backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required.”

SAPMS guidelines states in part: “. . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment.”

The Department of Health Services (DHS) recommended to the CDCR that backflow prevention assembly-testing program involves the services of the onsite staff that are certified testers. Plant Operations should maintain a current inventory of the backflow assembly devices and test results. To ensure that cross connections do not exist between the domestic water system and substances that can be introduced that are not fit for consumption. DHS also recommended that personnel knowledgeable in cross connection continuously be involved in evaluating the water distribution system.

### **RECOMMENDATION**

- Test backflow devices on an annual basis.
- Create a master list to identify the location of devices.
- Maintain accurate data within the SAPMS database; and test backflows on an annual basis in accordance with the CPC. Also, adhere to the recommendations of the DHS.

#### **4. Inmate Timekeeping (CDCR 1697) (Prior Finding)**

The CDCR 1697s are not properly maintained. The Audits Branch noted the following deficiencies by location:

##### **General Shop:**

- The CDCR 1697s are not maintained in a secure location (e.g., locked metal box or drawer).
- Total hours are not captured showing that the inmate works on a daily basis.
- Staff do not forward the yellow non-correctable copies to the inmates when completed.
- Hours of assignment do not reconcile with the inmate duty statement.
- The CDCR 1697s are incomplete. They are missing transfer in/out dates and the daily movement sheet numbers.
- The CDCR 1697s are not completed as events occur (i.e., signed in/out daily).
- Seven inmates are assigned to the general shop. There was only one CDCR 1697 partially completed for the month of September 2009.

##### **Carpenter Shop:**

- The CDCR 1697s are not completed as events occur (i.e., signed in/out daily).
- Initials are used instead of signatures.
- Duty statements are not signed by staff and/or inmates or they are not present.

**Plumbing Shop:**

- The CDCR 1697s are not completed as events occur (i.e., signed in/out daily).
- Initials are used instead of signatures.
- Duty statements are not signed by staff and/or inmates or they are not present.
- Staff do not forward the yellow non-correctable copies to the inmates when completed.

**Electricians Shop:**

- The CDCR 1697s are not completed as events occur (i.e., signed in/out daily).
- Initials are used instead of signatures.
- Duty statements are not signed by staff and/or inmates or they are not present.
- Staff do not forward the yellow non-correctable copies to the inmates when completed.
- The CDCR 1697 is completed in advance of the inmate working (i.e., 30 days).

This condition results in inaccurate documentation of inmate work time.

DOM, Section 53130.11.1, states in part: “S with the number of hours an inmate is unable to report to work through no fault of the inmate.... Additional entries position/assignment number of the inmate....”

CCR, Title 15, Section 3045, Timekeeping and Reporting, states in part: “. . . shall record the work or training time and absences....”

SQ’s Inmate Work Training/Incentive Program (IWTIP) handbook states in part: “Inmates shall sign and receive a copy of their job description...It is imperative that time logs be filled out every day at the start and end of each shift. All entries on the Work Supervisor’s Time Log must be made daily as they occur...The work hours recorded on the CDC 1697 time log must reflect the same hours that are on the job description...Time logs are to be kept in a secure area. The only recognized “secure” area is a metal container or filing cabinet that is locked. If an inmate is consistently late or absent from his work/training assignment progressive discipline and documentation should be initiated....”

**RECOMMENDATION**

Complete the CDCR 1697 as events occur. Maintain IWTIP documents in accordance with IWTIP guidelines and the DOM.

## **VI. POLICIES AND PROCEDURES**

### **A. Plant Operations**

#### **1. POPM (Prior Finding)**

The POPM is not maintained and updated. The organizational chart is not accurate and up-to-date. The Emergency Procedures have not been updated since 2001 and the Emergency Contact List has not been updated since 2007. There is no written procedure for Plant Operations Training Plans. OP number 21040.5, Plant Operations Work Order Request, does not include FMD 0100 supplement and has not been signed and approved. The Toxic Substances OP has not been updated since 2007.

This condition could result in difficulty identifying operational procedures and may reduce compliance and effectiveness.

DOM, Section 12010.2, states in part: "This article describes the regulations, manuals, and bulletins utilized to transmit departmental directives and establishes procedures for their review and approval, promulgation, distribution and maintenance...."

DOM, Section 12010.3.1, states in part: "All policy directives are public records which shall be made available to employees, volunteers, inmates, parolees, other governmental agencies and the public, unless specifically exempt pursuant to GC 6254...."

SAM, Section 20050, states: "Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system. Policy and procedural or operational manuals are either not currently maintained or are non-existent."

### **RECOMMENDATION**

Review the POPM, and update policies, procedures, and practices.

#### **2. OP FMD 0100**

OP FMD number 0100 authored by Facility Planning Construction and Management, Facilities Management Division, and approved by the Division of Adult Institutions on April 1, 2008 has not been approved, adopted and implemented for use at SQ.

This condition results in not complying with the standardized procedures related to processing work request, work orders, and project requests.

DOM, Section 11010.12.4.4, and FMD 0100 Memorandum, dated June 30, 2009, states: "Effective August 1, 2009, in accordance with the attached memorandums Facilities Management Division (FMD) is requiring the inclusion of the FMD-0100

Operational Procedure (OP) and applicable forms into all local California Department of Corrections (CDCR) institutional operational procedures.

Effective August 1, 2009 local operating procedures for the processing of work request and work orders, and projects are no longer authorized. . . .

Each of the following departments will designate an employee to be the Work Order Coordinator (WOC) for the department, Food Services, Procurement, Housing Units, Central Services, Medical and Education. The responsibility of the WOC will to track all work request submitted by the department.”

### **RECOMMENDATION**

Review, approve, adopt, and implement the standardized departmental operational procedure.

### **3. Pest/Vector Control (Prior Finding)**

There is no approved operating procedure for the Pest Control Technician. The operating procedure should promulgate the purpose, approval, review, regulatory oversight, notifications, and a facility process to track the usage of all structural pesticides etc. In addition, the Audits Branch noted that staff and inmates are not notified prior to application of pesticides/insecticide. Also, the license for the Pest Control Technician is unavailable.

This condition may expose staff and inmates to potentially harmful chemicals

CCR, Title 15, Subchapter 5, Article 1, Section 3380(c), states in part: “Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required for implementation of regulations and as may otherwise be required for their respective operations. . . Such procedures will apply only to the inmates, parolees, and personnel under the administrator.”

Bargaining Unit 1 Agreement, states: “Whenever a department utilizes a pest control chemical in a state owned or managed building/grounds, the department will provide at least forty-eight hours notice prior to application of the chemical, unless an infestation occurs which requires immediate action. Notices will be posted in the lobby building and will be disseminated to building tenant contacts.”

### **RECOMMENDATION**

Develop a written procedure outlining the tracking, notification, and monitoring of structural pesticides.

## **VII. TRAINING**

Training is deficient in the following areas; Delegated Procurement, Food Services, Plant Operations, and Inmate Trust Accounting.

This issue could result in staff not being adequately trained to perform their job duties.

DOM, Section 32010.13, states: "All employees shall receive 40 hours training annually, at least eight hours of which shall be formal classroom training. The balance can be any combination of OJT [On-the-Job Training], formal IST [In-Service Training], or out-service training."

### **Recommendation**

Ensure that all employees receive and complete the minimum training requirements, and monitor the process for compliance.

## **VIII. FINES AND PENALTIES**

### **A. Environmental Health and Safety**

The pressure vessel permits are not posted at the PIA Furniture Factory, Boiler Room, and Fire Department. Additionally, pressure vessel permits are not current.

This condition could result in duties not performed in a safe and healthy manner, fines and penalties. Additionally, current safeguards may not be in place in accordance to the permitting county.

California Labor Code, Section 7684, states: "Each permit or a clear reproduced copy thereof shall be posted in a protective container in a conspicuous place on or near the tank or boiler covered by it."

### **RECOMMENDATION**

Comply with DOM and the California Labor Code.

**OFFICE OF AUDITS AND COMPLIANCE  
AUDITS BRANCH**

**CALIFORNIA STATE PRISON, SAN QUENTIN**

**GLOSSARY**

<b>AB</b>	Administrative Bulletin
<b>ANSI</b>	American National Standards Institute
<b>AR</b>	Accounts Receivable
<b>BL</b>	Bereavement Leave
<b>BLF</b>	Bereavement Leave Fiscal
<b>BU</b>	Bargaining Unit
<b>Cal/EPA</b>	California Environmental Protection Agency
<b>CAP</b>	Corrective Action Plan
<b>CCR</b>	California Code of Regulations
<b>CDC 998-A</b>	Employee Attendance Record
<b>CDC 1067</b>	Inventory Adjustment Form
<b>CDC 1860</b>	Post Order Acknowledgment Form
<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CDCR 1697</b>	Inmate Workers Supervisor's Time Log
<b>CLAS</b>	California Leave Accounting System
<b>CPC</b>	California Plumbing Code
<b>DHS</b>	Department of Health Services
<b>DOM</b>	Department Operations Manual
<b>DPA</b>	Department of Personnel Administration
<b>DVBE</b>	Disabled Veterans Business Enterprise
<b>EPSS</b>	Emergency Power Stand-by Systems
<b>FIFO</b>	First In/First Out
<b>FLSA</b>	Fair Labor Standards Act
<b>FMD</b>	Facilities Management Branch
<b>GC</b>	Government Code
<b>HCP</b>	Hazardous Communication Program
<b>HW</b>	Hazardous Waste
<b>IDP</b>	Individual Development Plan
<b>IIPP</b>	Injury and Illness Prevention Plan
<b>IST</b>	In Service Training
<b>IWSP</b>	Inmate Workers Supervision Pay
<b>IWTIP</b>	Inmate Work Training/Incentive Program
<b>IMU</b>	Institution Maintenance Unit
<b>M&amp;SS</b>	Materials & Stores Supervisor
<b>Min/Max</b>	Minimum/Maximum
<b>ML</b>	Military Leave
<b>MLD</b>	Military Leave Drill
<b>MOU</b>	Memorandum of Understanding
<b>MSDS</b>	Material Safety Data Sheet

<b>NFPA</b>	National Fire Protection Association
<b>OJT</b>	On-the-Job Training
<b>OAC</b>	Office of Audits and Compliance
<b>OP</b>	Operational Procedure
<b>PCA</b>	Purchasing Code Authority
<b>PIA</b>	Prison Industry Authority
<b>PM</b>	Preventive Maintenance
<b>PPAS</b>	Personnel Post Assignment System
<b>POM</b>	Plant Operations Maintenance Report
<b>POPM</b>	Plant Operations Procedure Manual
<b>PTM</b>	Personnel Transactions Manual
<b>SAM</b>	State Administrative Manual
<b>SAPMS</b>	Standard Automated Preventive Maintenance System
<b>S&amp;E</b>	Service and Expense Order
<b>SCO</b>	State Controllers Office
<b>SLAMM</b>	State Logistics and Materials Management
<b>SPB</b>	State Personnel Board
<b>SQ</b>	California State Prison, San Quentin
<b>Std. 204</b>	Vendor Data Record
<b>Std. 636</b>	Report of Performance for Probationary Employee
<b>Std. 666</b>	Payroll Exceptions Report
<b>Std. 810</b>	Contracting Activity Report Form
<b>Std. 966</b>	Employee Time Certification
<b>SPB 295</b>	Post Examination Evaluation Form
<b>TRACS</b>	Trust Restitution Accounting Canteen System



SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p><b>WRITTEN NOTICE</b></p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006



California Department of Corrections and Rehabilitation's  
Office of Audits and Compliance

## OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

### INFORMATION SECURITY

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



Conducted By

Information Security Branch

**Information Security Compliance Review  
California State Prison, San Quentin  
September 28 through October 2, 2009**

The Office of Audits and Compliance (OAC), Information Security Branch (ISB) conducted an Information Security Compliance Review of California State Prison, San Quentin (SQ), during the period of September 28 through October 2, 2009. The review covered 18 different areas. SQ is compliant in 8 areas, partially compliant in 2 areas, and noncompliant in 8 areas. The overall score is 68 percent. The chart below details these findings.

**FINDINGS SUMMARY:**

		Score	Compliant	Partial Compliant	Non-Compliant
<b>STAFF COMPUTING ENVIRONMENT</b>					
1.	Use Agreement (Form 1857) is on file.	55%			NC
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	0%			NC
3.	Information Security Training is current.	15%			NC
4.	Staff can log on using their own password.	100%	C		
5.	Network access authorization is on file.	55%			NC
6.	Physical locations of CPUs agree to inventory records.	90%	C		
7.	Staff CPUs labeled "No Inmate Access."	26%			NC
8.	Staff monitors are not visible to inmates.	100%	C		
9.	Anti virus updates are current.	67%			NC
10.	Security patches are current.	67%			NC

<b>INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)</b>					
11.	Physical location of CPUs agrees with inventory records.	76%		P	
12.	CPU labeled as an inmate computer.	100%	C		
13.	Anti virus updates are current.	0%			NC
14.	Inmate monitors are visible to supervisor.	92%	C		
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	100%	C		
17.	Operating system access is restricted.	100%	C		
18.	Printer access is restricted.	82%		P	

**Test Totals**

<b>8</b>	<b>2</b>	<b>8</b>
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Overall Percentage 68%<sup>[1]</sup>

<sup>[1]</sup> Scores for computer-related tests reflect the results of testing on the locatable sample computers only. The institution has not maintained an accurate IT inventory. Of the 132 computers we attempted to locate using the local inventory, there are 7 computers still missing (3 staff computers and 4 inmate computers).

**Information Security Compliance Review  
California State Prison, San Quentin  
September 28 through October 2, 2009**

## **FINDINGS AND RECOMMENDATIONS**

The ISB provided a copy of the review guide to SQ's information technology (IT) staff. It contains audit criteria and a detailed methodology. That information; therefore, is not duplicated under each finding.

In the exit conference following the fieldwork, ISB staff discussed with management the findings and recommendations as listed below. For clarification or discussion, ISB should be contacted.

**1. The Computing Technology Use Agreement (CDC 1857) forms are not on file for all computer users. (55 percent compliance)**

Recommendation: Require all staff users to complete the CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use CDCR computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (Department Operations Manual (DOM, Sections 48010.8 and 48010.8.2.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**2. The Security Awareness Self-Certification and Confidentiality Agreement form (CDCR-ISO-3025) is not on file for all computer users. (0 percent compliance)**

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR-ISO-3025 or equivalent. (DOM, Section 49020.10.1.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**3. Information Security training is not current for all computer users. (15 percent compliance)**

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM, Sections 49020.14.1 and 41030.1.)

**Information Security Compliance Review  
California State Prison, San Quentin  
September 28 through October 2, 2009**

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site <http://intranet/PED/Information-Security/>.

**4. The physical locations of staff computers do not agree with inventory records. (90 percent compliance)**

Recommendation number 1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM, Sections 46030.1 and 49010.4.)

Recommendation number 2: During the review, ISB was unable to locate three staff computers which must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify in writing that the missing computers were found or properly surveyed out. The missing computers are listed below.

Property Tag Number	Computer Make/Model
27845	HP dc5100
27303	HP d530
29234	HP dc5700

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; update the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Services.)

**5. Staff monitors and computers are not correctly labeled "No Inmate Access." (26 percent compliance)**

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized.  
(Title 15, Section 3041.3(d); DOM, Sections 49020.18.3 and 42020.6; and ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

**6. Staff computers do not have up-to-date antivirus software. (67 percent compliance)**

**Information Security Compliance Review  
California State Prison, San Quentin  
September 28 through October 2, 2009**

Recommendation: Update antivirus software on all staff computers. (DOM, Section 48010.9.)

**7. Staff computers do not have up-to-date security patches. (67 percent compliance)**

Recommendation: Update security patches on all staff computers. (DOM, Section 48010.9.)

**8. The physical locations of inmate education computers do not agree with inventory records. (76 percent compliance)**

Recommendation number 1: Maintain accurate inventory records of all inmate/ward computers. Evaluate procedures and resources used to maintain inventory records on these computers. (DOM, Sections 46030.1 and 49010.4.)

Recommendation number 2: During the review ISB was unable to locate four inmate computers which must be found within the 30-day period allowed for developing the corrective action plan. The Institution must certify in writing that the missing computers were found or properly surveyed out. The missing computers are listed below.

Property Tag Number	Computer Make/Model
23183	MAC
23185	MAC
23958	MAC
20491	Packard Bell

Best Practices: A software solution, such as "i-Inventory," should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; update the inventory each time they relocate or service a computer. The Institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

**9. Inmate accessed computers do not have up-to-date antivirus software. (0 percent compliance)**

Recommendation: Update antivirus software on all inmate computers. (DOM, Section 48010.9.)

**Information Security Compliance Review  
California State Prison, San Quentin  
September 28 through October 2, 2009**

**10. All inmate accessible printers must have restricted access. (82 percent compliance)**

Recommendation: Reports and other printed output from inmate-utilized computers shall be reviewed by staff, and appropriate distribution of such output shall be closely monitored. (DOM, Section 49020.18.3.)

**OTHER OBSERVATIONS:**

**Observation 1: There is no appointed Information Security Coordinator (ISC).**

Recommendation: The Institution should appoint an ISC and notify the ISC and the CDCR ISO in writing. (DOM, Section 49020.6.)

**Observation 2: No formal notification to the IT coordinator of staff employment changes or changes in job duties. As a result, unauthorized persons may have access to the CDCR network or computer applications.**

Supervisors should inform IT staff when employees are changing positions or leaving employment to properly adjust access to CDCR resources. Unfiltered internet access was not removed from a former ISU staff member. Also several former employees still had access to the CDCR network after separation from service.

Best Practice: Develop a formal reporting procedure so all staff employment and job duty changes are reported to the IT Coordinator.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

EDUCATION  
COMPLIANCE

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

EDUCATIONAL COMPLIANCE BRANCH

## EXECUTIVE SUMMARY

### OFFICE OF AUDITS AND COMPLIANCE

### EDUCATION COMPLIANCE BRANCH REVIEW

*California State Prison—San Quentin*

*September 28-October 2, 2009*

#### TEAM MEMBERS:

*Raul Romero, Associate Superintendent, OAC  
G. Lynn Hada, Principal, OAC  
Beverly Penland, Vocational Vice-Principal, OAC  
Valarie Anderson, Academic Vice-Principal, OAC  
Ron Callison, Vocational Vice-Principal, OCE-VTEA  
Mark Lechich, Academic Vice-Principal, OCE-WIA*

#### 185 Areas Reviewed

CATEGORIES	PERCENTAGE OF COMPLIANCE
Education Administration	42 ÷ 49 = 86%
Academic Education	24 ÷ 46 = 52%
Vocational Education	37 ÷ 39 = 95%
Library/Law Library	20 ÷ 28 = 71%
Federal Programs	21 ÷ 23 = 91%
Special Programs*	N/A %
Total:	144 ÷ 185 = 78%

***Your corrective action plan (CAP) must address each of the deficiencies listed below for each category with a score in the table above. The CAP must be submitted to the Superintendent of the Office of Correctional Education for review and/or modification. The CAP then is due to the Office of Audits and Compliance (OAC) for review within 30 days after your receipt of the preliminary report from OAC.***

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**ADMINISTRATION SECTION**

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**I. EDUCATION ADMINISTRATION:**

**86% COMPLIANCE**

**Deficiency:**

*#26 Is an approved Alternative Education Delivery Model Operational Procedure in place? The Alternative Education Delivery Model Operational Procedure was last updated in 2006.*

- *#34 Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? At least one teacher is not issuing Certificates of Completion or Achievement.*

*#37 Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis? The visitations are being conducted but there was no documentation.*

*#38 Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service Training and On-the-Job Training? Have all currently due probationary and annual performance evaluations been completed? Several annual performance reviews were not current. The training was excellent.*

*#58 Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? The California Department of Corrections and Rehabilitation Form 154 were lacking information on those file examined. Most had no Test of Adult Basic Education scores, class enrollment or quarterly teacher initials.*

*#59 Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles? Is the original copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity? Are Education Files prepared for all assigned inmates? Are Bridging Education Program Education Files prepared for all assigned bridging students in the RC and transferred to the GP receiving institution? No copies of the transcript are kept; files are usually mailed rather than being sent to Central Records.*

*#64 Is the institution utilizing at least two alternate resources to implement literacy services for inmates? No documentation of alternate resources for implementation of literacy services was recorded on the August 2009 Education Monthly Report. However other evidence suggests that added volunteer literacy resources exist.*

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ACADEMIC EDUCATION SECTION

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#### II. ACADEMIC EDUCATION:

52% COMPLIANCE

##### **Deficiency:**

*#2 Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?* **Several files had Test of Adult Basic Education scores that were over six months old.**

*#3 Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?* **A few files did not have current Form 128E chronological reports.**

*#4 Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?* **A few teachers have the new recording system, but use the old recording system as they do not have enough of the new curriculum books and materials.**

*#6 Are Certificates of Completion or Achievement being issued to those students earning them?* **Not all teachers are issuing Certificates of Achievement for each exiting student that reflects what the student has completed within the core curriculum.**

*#7 Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?* **The teachers have course outlines and schedules, but do not have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum.**

*#8 Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?* **Teachers do not issue elective credits.**

*#18 Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?* **It is required that tests be stored in a cabinet with a locking bar and padlock per the "Testing Materials Security and Administration" memorandum, dated June 29, 2007 and signed by Janet Blaylock, Superintendent of Correctional Education (A). However, it is noted that the testing materials are in a locked closet, in a locking room that has no inmate access.**

*#19 Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?* **There is no computer inventory of test books and no inventory for answer sheets.**

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ACADEMIC EDUCATION SECTION

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*#22 Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? The English Language Development teacher does not give the Test of Adult Basic Education to her student's until she feels they can read well enough to score on the reading portion of the Test of Adult Basic Education. She does not have her students attempt the Test of Adult Basic Education full battery. These students then do not have an initial Test of Adult Basic Education and are not appearing on the Test of Adult Basic Education matrix.*

*#23 Are the Test of Adult Basic Education tests administered according to the testing matrix? The English Language Development students are not getting an initial test upon entry and therefore are not included on the testing matrix to measure student progress.*

*#24 Is the Test of Adult Basic Education locator being used when needed to determine which level appropriate Test of Adult Basic Education test to administer? **One teacher was unaware of a Test of Adult Basic Education locator test.***

*#25 Are teachers using pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates? **One teacher does not have pre-post subtest and does not review it with her inmates.***

*#26 Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes? **One teacher does not have pre-post subtest scores and does not use it as a diagnostic tool.***

*#27 Are current Test of Adult Basic Education subtests placed in student's file? **One teacher does not have subtests placed in the student's classroom files.***

*#31 Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? **Teachers are not issuing Certificates of Achievement upon exit reflecting what the student completed while enrolled in the Distance Learning or Independent Study program.***

*#35 Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum? **The teachers do not have lesson plans that agree with the Office of Correctional Education approved curriculum.***

*#36 Are teachers testing inmates within 10 days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? **The teachers stated they had a great deal of difficulty getting inmates to a certain place at a certain time to obtain a Test of Adult Basic Education test. The teachers do not administer a Comprehensive Adult Student Assessment System test.***

*#38 Are students' gains being recorded and tracked? **The teachers do not test the students upon entry and exit with either the Test of Adult Basic Education or Comprehensive Adult Student Assessment System tests.***

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### ACADEMIC EDUCATION SECTION

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*#49 Are personal alarms issued to teachers, and do they wear alarms?* **One teacher had not checked out an alarm.**

*#50 Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?* **A few classrooms did not have exit signs and/or emergency evacuation plans posted in accordance with the institution's emergency evacuation plan.**

*#72 Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?* **The Physical Education Teacher offers programs to inmates 35 and over, but does not target the special needs populations.**

*#76 Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?* **The Physical Education Teacher offers programs to inmates 35 and over, but does not target the geriatric population of age 55 and over.**

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance**                      **Educational Compliance Branch**  
**VOCATIONAL EDUCATION SECTION**

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**III. VOCATIONAL EDUCATION:**

**95% COMPLIANCE**

***Deficiency:***

*#6 Are elective credits in the designated vocational subject being issued to inmates and recorded on the transcript?* **The teachers in the vocational trades do not issue elective credits to their students.**

*#7 Are Trade/Industry Certifications being issued and recorded to those students earning them?* **The Sheet Metal program is applying to be able to issue the National Institute for Metalworking Skills certification for students fulfilling the certification requirements.**

## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### LIBRARY/LAW LIBRARY SECTION

#### IV. LIBRARY/LAW LIBRARY:

71% COMPLIANCE

##### ***Deficiency:***

***#4 Is there documentation of GP inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use, and is there a list showing inmates who request legal access, and those who received access? There are records maintained for inmates coming in to the Law Library for research. However, there is no record of inmates receiving at least two hours of access. Inmates check in but they do not check out nor are they checked out by the Senior Librarian. There is a need to specifically identify Priority Legal Users with pending court deadlines and to also note the time the inmate came in and left. It is recommended that the current sign in sheet be modified immediately to accurately reflect the time Priority Legal User inmates spend in the library.***

***#8 Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.? San Quentin Administration did not provide Inmate Welfare Funds for use in purchasing newspapers, magazines, and paperback fiction books, etc.***

***#13 Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than 5 years? Does the library program have at least three directories relevant to the questions asked by the population served? The unabridged dictionary is over ten years old (1992-93). There is an updated electronic encyclopedia set and Encarta. However, the hard copy encyclopedia set is over 5 years old. There are at least three directories relevant to the population served.***

***#16 Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (inc. Spanish language) and Native American materials? The library did not have a single vocational textbook related to the vocational shops in the same general physical area of programming or other vocational programs. However, there are sufficient multi-ethnic titles and high interest low reading level books that meet the requirement.***

***#17 Are book collections designed to meet the needs and interests of the inmate population served? Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box? There are no written records indicating that the Senior Librarians regularly meet with an inmate library advisory group. However, the appropriate book collection and suggestion box are maintained.***



## EXECUTIVE SUMMARY

Office of Audits and Compliance

Educational Compliance Branch

### LIBRARY/LAW LIBRARY SECTION

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*#18 Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation? Does this include any new books purchased through Recidivism Reduction Strategies (RRS) funding? There are an insufficient number of fiction and nonfiction books in the library collection to meet the California Department of Corrections and Rehabilitation mandates.*

*#22 Are the Gilmore v. Lynch mandated law books up to date? Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish? Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operation Manual? Are all the Law Library Electronic Delivery System computers up-to-date and operating in each library? There are over 10 legal materials/supplements that are needed to meet standards from West, Sheppard's Citations, Lexis/Nexus, Federal Supplements, etc. The Main Library Principal Librarian and the Principal are now aware of the problem.*

*#25 Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library? The Main Library does not maintain the appropriate documentation for court deadlines and priority access. It is recommended that a copy of the court case sheet verifying a priority deadline be made and maintained by the Senior Librarian together with the access records. The Condemned Row/Administrative Segregation had appropriate records.*

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**FEDERAL GRANT PROGRAMS SECTION**

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**V. FEDERAL PROGRAMS:**

**91% COMPLIANCE**

**Workforce Investment Act Program:**

***No Deficiencies were noted:***

**Vocational Technical Education Act Program:**

***Deficiency:***

*#11As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field?* **These are Federal Grant mandates. A teacher training date needs to be set aside to have the instructors visit and conduct TAC meetings.**

*#12 As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field?* **Hands-on training for the instructor is also a Federal Grant mandate; additionally attendance at specific trade seminars and technology conferences.**

**EXECUTIVE SUMMARY**  
**Office of Audits and Compliance                      Educational Compliance Branch**  
**SPECIAL PROGRAMS SECTION**

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<b>IV. SPECIAL PROGRAMS*:</b>	<b>N/A</b>	<b>COMPLIANCE</b>
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**OVERALL COMPLIANCE RATING: 78%.**

Administrative staff is apprised that the ratings presented are to be considered tentative, and are subject to change pending final review by the Assistant Secretary, Office of Audits and Compliance. Significant changes in ratings will be documented with full explanations and forwarded to the Warden within 15 working days after the conclusion of the Compliance Review.

\_\_\_\_\_  
G. Lynn Hada, Principal

October 2, 2009

\_\_\_\_\_  
Raul Romero, Associate Superintendent

October 2, 2009

\* Denotes Developmental Disabilities Program (Clark Remedial Plan) and Physical Disabilities Program (Armstrong)

# DEPARTMENT OF CORRECTIONS AND REHABILITATION



*Education Compliance Branch*

## **COMPLIANCE REVIEW FINDINGS**

### **San Quentin State Prison**

September 28-October 2, 2009

#### **ADMINISTRATION**

G. Lynn Hada

#### **ACADEMIC EDUCATION**

Valarie Anderson, Beverly Penland

#### **VOCATIONAL EDUCATION**

Beverly Penland

#### **LIBRARY**

Raul Romero, Beverly Penland

#### **FEDERAL SUPPLEMENTARY PROGRAMS**

Mark Lechich

Ron Callison

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

No.	<b>INSTITUTION:</b> San Quentin State Prison <b>DATE:</b> September 28-October 2, 2009 <b>COMPLIANCE TEAM:</b> G. Lynn Hada	Yes/No or N/A	<b>COMMENTS</b>
1.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Allotments/Operating Expenses:</b></div> <ul style="list-style-type: none"> <li>Does the Principal maintain a budget tracking system to monitor the school departments' complete budget?</li> <li>Is there an annual spending plan to determine sub-allotments to programs, expenditures and their balance?</li> </ul>	Yes	
2.	Based upon current policy (amount of budget allotted) does it appear that a viable spending plan is in place in order for allocated funds to be fully utilized by year end?	Yes	
3.	Are funds allocated by Office of Correctional Education available and spent within program areas?	Yes	
4.	Are funds tracked by funding source? General Fund, special Budget Change Proposal funding, Federal and State Grant Programs allocated by Office of Correctional Education?	Yes	
5.	Are allocated funds for the Bridging Education Programs, including Arts In Corrections (AIC), used to provide program services to inmates?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

6.	Are law library purchases funded by the institution's general budget?	N/A	<p>This item is no longer applicable to the institution. It has been moved to a higher level. The following statement indicates that Office of Correctional Education is attempting to get the Law Library designated funds moved to Program 45 and the California Department of Corrections and Rehabilitation Agency Secretary has been briefed on the problem. The Office of Correctional Education Superintendent on July 3, 2008 provided the following written statement and Budget Change Letter #3 spreadsheet via an email; <i>"Here is the distribution to the field for funding for both the 06/07 and 07/08 Gilmore collection. We have already processed the 08/09 purchases out of our office and they are currently in Procurement. As the 08/09 budget has not been signed we don't have initial 08/09 allotment to the field. The funding in this BC3 is from Program 45 -not the institution Program 25 funds. The Financial Information Memorandum permanently moving Library to education in 2006 is still valid. Due to lack of designated funds we have flagged this to Office of Attorney General and Office of Court Compliance. Furthermore we've briefed Matt Cate and have written a proposal for the funding."</i></p>
7.	Is the school following the Education Hiring Steps and Responsibilities memo and matrix dated July 13, 2006 instructions when filling vacancies?	Yes	
8.	Is the Education Monthly Report (EMR) accurate and being completed and submitted on a timely basis?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

9.	Has adequate space and equipment been provided for staff to perform the required duties of the Reception Center/Bridging Education Program, Arts In Corrections program and the Television Specialist?	Yes	
10.	<div style="border: 1px solid black; padding: 2px;"><b>Credentials:</b></div> Are all instructional and supervisory staff credentialed appropriately within subject matter area where they are assigned?	Yes	
11.	Does the assigned bridging staff hold appropriate credentials and/or placed in the appropriate Re-Entry classification?	N/A	Note that Question #10 addresses all credentialed staff. The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
12.	<div style="border: 1px solid black; padding: 2px;"><b>Duty Statements:</b></div> Are 100% of the staff duty statements on file and applicable to current position?	Yes	
13.	<div style="border: 1px solid black; padding: 2px;"><b>Operational Procedures:</b></div> Does the institution have an Operational Procedure that addresses the legislative mandates of the Bridging Education Program?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
14.	Does the institution have an Operational Procedure for the Education Program? Does it use Department Operation Manual Chapter 10 as an inclusion?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

15.	<div style="background-color: #e0e0e0; padding: 2px;"><b>Staff Assignments:</b></div> <p>Does the Principal maintain a current and complete list of all authorized positions and their status?</p>	<b>Yes</b>	
16.	Are all staff appropriately working and/or assigned within the education program?	<b>Yes</b>	
17.	Do all staff within the education program report to, and are under the Principal's supervision?	<b>Yes</b>	
18.	Is the Education Department fully staffed with supervisory, instructional and ancillary personnel?	<b>Yes</b>	
19.	Are Re-Entry Program instructors, class code 7581, assigned only to the Bridging Education Program (BEP)?	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>
20.	When Bridging Education Program vacancy occurs, is it immediately reclassified to class code 2290 Teacher, High School, General Education?	<b>N/A</b>	<p>The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)</p>



# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

21.	Has the Artist Facilitator been officially assigned to the Education Department?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
22.	Is there a system in place that is being utilized to ensure the tracking of inmates and their completed assignments during their transition from the Reception Center to the General Population Institution?	Yes	
23.	Has an individual been designated to be responsible for trouble-shooting the equipment and contacting Transforming Lives Network for needed support?	Yes	A plant operations technician, John Payne.
24.	When there is a modified program, class closure, etc., is a plan in place to continue to deliver education services and other required educational activities and is the plan always implemented?	Yes	
25.	Is the Assessment Office Assistant (OA) performing duties delineated in the Assessment OA duty statement?	Yes	
26.	<div style="border: 1px solid black; padding: 2px;"><b>Alternative Education Delivery Model (AEDM):</b></div> Is an approved Alternative Education Delivery Model Operational Procedure in place?	No	The Alternative Education Delivery Model Operational Procedure was last updated in 2006.
27.	Are all of the Alternative Education Delivery Models being locally implemented at the institution in agreement with the California Correctional Peace Officers Association agreement and the institutional Operational Procedure per the Suzan Hubbard memo dated May 5, 2005?	Yes	
28.	Are all Alternative Education Delivery Model positions filled?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

29.	Do all Alternative Education Delivery Model faculties have the approved Alternative Education Delivery Model Duty Statement with required signatures?	Yes	
30.	Are Alternative Education Delivery Model inmate enrollments/assignments being made based on eligibility criteria of the enrollments/assignment as defined in the course descriptions and guidelines?	Yes	
31.	<ul style="list-style-type: none"> <li>Are all Alternative Education Delivery Model Programs operating as full-time programs that meet the program-wide quotas?</li> <li>Are all approved Alternative Education Delivery Model faculty schedules posted?</li> </ul>	Yes	
32.	<b>Gender Responsive Strategies:</b> Has all education staff received Gender Responsive Strategies training provided by the Female Offender Programs (FOP) institutional administration?	N/A	This item applies only to institutions housing females.
33.	Are female inmates' vocational assignments being made based on the eligibility criteria of the vocational assignment as defined in the course descriptions and vocational guidelines?	N/A	This item applies only to institutions housing females.
34.	<b>Certificates of Completion or Achievement:</b> <ul style="list-style-type: none"> <li>Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system?</li> <li>Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned?</li> </ul>	No	At least one teacher is not issuing Certificates of Completion or Achievement.
35.	<b>Executive/Supervisory Assignments:</b> Are documented staff meetings held regularly by Principal, Academic Vice Principal (AVP), and Vocational Vice Principal (VVP)? (monthly or more)	Yes	
36.	Is the Principal a member of the Warden's Executive Staff?	Yes	
37.	Does all supervisory staff conduct and record classroom visitations and observations on a quarterly basis?	No	The visitations are being conducted but there was no documentation.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

38.	<ul style="list-style-type: none"> <li>Does the Academic Vice-Principal/Vocational Vice-Principal provide documented In-Service-Training and On-the-Job-Training?</li> <li>Are all probationary and annual performance evaluations currently due completed?</li> </ul>	No	Several annual performance reviews were not current. The training was excellent.
39.	Are supervisors documenting contact with staff and inmates involved in the bridging program?	N/A	
40.	Are Transforming Lives Network quarterly reports being submitted to Office of Correctional Education by the due dates of Oct. 10, January 10, April 10 and July 10?	Yes	
41.	<div style="border: 1px solid black; padding: 2px;"><b>Test of Adult Basic Education:</b></div> <ul style="list-style-type: none"> <li>Is the Principal trouble shooting Test of Adult Basic Education score losses identified on the School Program Assessment Report Card (SPARC)?</li> <li>Is the principal implementing remedial changes to improve the scores?</li> </ul>	Yes	
42.	Is there a 4.0 reading level report generated and distributed to appropriate staff?	Yes	
43.	Is a list of inmates who have a verified Learning Disability generated and distributed to appropriate staff?	Yes	
44.	<div style="border: 1px solid black; padding: 2px;"><b>Accreditation:</b></div> <p>Has the education program been accredited by Western Association of Schools and Colleges (WASC), or has the application for accreditation been submitted to Western Association of Schools and Colleges?</p>	Yes	
45.	<ul style="list-style-type: none"> <li>Is there a continuing Western Association of Schools and Colleges process being followed by the school with the action plans being actively addressed in a timely manner?</li> <li>Is there a leadership team in place and do minutes substantiate regular meetings?</li> </ul>	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

46.	<b>Inmate Enrollment/Attendance:</b> Do Academic, Vocational, Bridging Education Program, Enhanced Outpatient Program and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)?	<b>Yes</b>	
47.	Has the Institution developed an eligibility list for assigning inmates to the Bridging Education Program?	<b>N/A</b>	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
48.	Does the Principal maintain a copy of the current inmate assignment waiting list?	<b>Yes</b>	
49.	Is education staff attending Institution Classification Committee (ICC) meetings for input into the placement of inmates into education programs?	<b>Yes</b>	
50.	<b>Bridging Program:</b> Has the teaching staff met with each inmate upon assignment to the Bridging Education Program?	<b>N/A</b>	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

51.	Are all Bridging Education Program eligible inmates receiving an education orientation packet upon arrival to the housing unit?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
52.	<b>Transforming Lives Network (TLN):</b> Has the Transforming Lives Network satellite dish been installed and operational?	Yes	
53.	Is the Literacy Coordinator (Academic Vice-Principal) designated as the Transforming Lives Network Coordinator?	Yes	
54.	Do the number of inmates being enrolled and the number completing Transforming Lives Network courses agree with the numbers reported to Office of Correctional Education?	Yes	
55.	Has Transforming Lives Network enrollment and completion data been tracked?	Yes	
56.	<b>GED Testing/High School Credit:</b> <ul style="list-style-type: none"> <li>Is there a High School credit program and General Educational Development (GED) Testing program that follows Office of Correctional Education and State requirements?</li> <li>Are High School Diplomas and GED Equivalency Certificates issued to qualified inmates?</li> </ul>	Yes	
57.	<b>Inmate Education Advisory Committee:</b> Is there an Inmate Education Advisory Committee established with regularly scheduled monthly meetings?	Yes	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

58.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Education Files</b></div> <ul style="list-style-type: none"> <li>• Do all of the quarterly California Department of Corrections and Rehabilitation Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions, etc.?</li> <li>• Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available.)</li> <li>• Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports?</li> </ul>	<b>No</b>	The California Department of Corrections and Rehabilitation Form 154s were lacking information on those files examined. Most had no Test of Adult Basic Education scores, class enrollment data or quarterly teacher initials.
59.	<ul style="list-style-type: none"> <li>• Are Education Files with a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154) transferred to Central Records when a student leaves education, transfers or paroles?</li> <li>• Is there a copy of the Record of Inmate Achievement (California Department of Corrections and Rehabilitation Form 154 or High School Transcript) kept in the Education Office files in perpetuity?</li> <li>• Are Education Files prepared for all assigned inmates?</li> <li>• Are Bridging Education Program Education Files prepared for all assigned bridging students in the Reception Center and are they then transferred to the General Population receiving institution?</li> </ul>	<b>No</b>	No copies of the transcript are kept; files are usually mailed rather than being sent to Central Records.
60.	If there are any contracted, Office of Correctional Education sponsored or special programs operating at the institution, have the teachers assigned to these programs received special/related training?	<b>N/A</b>	
61.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Literacy:</b></div> Are literacy programs available to at least 60% of the eligible prison population?	<b>Yes</b>	
62.	Is there an active Site Literacy Committee that meets and documents quarterly meetings, and is it coordinated by the Principal or an Academic Vice-Principal?	<b>Yes</b>	

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

63.	Does the Site Literacy Committee discuss the Bridging Education Program as part of its quarterly meetings?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
64.	Is the institution utilizing at least two alternate resources to implement literacy services for inmates?	No	No documentation of alternate resources for implementation of literacy services was recorded on the August 2009 Education Monthly Report. However other evidence suggests that added volunteer literacy resources do exist.
65.	Is there an established procedure for placing students into any existing Learning Literacy (LLL) lab? (a federally or non-federally funded Computer Aided Instruction /Plato/Computer Lab)	N/A	
66.	<div style="border: 1px solid black; padding: 2px;"><b>Developmental Disability Program and Disability Placement Program:</b></div> <p>If this is a Developmental Disability Program and/or a Disability Placement Program site, does the principal have the required documentation that demonstrates adherence to the Court Remedial Plans and California Department of Corrections and Rehabilitation/Office of Correctional Education policies?</p>	N/A	
67.	<div style="border: 1px solid black; padding: 2px;"><b>ESTELLE/Behavior Modification Programs:</b></div> <p>Is documentation available regarding the original operational intent/concept of the Estelle/Behavior Modification Unit Program and are there actual implementations of the program/programs?</p>	N/A	This question applies to Pelican Bay State Prison, Salinas Valley State Prison or High Desert State Prison only.
68.	Is there an Estelle/Behavior Modification Unit Program monitoring and tracking process in place to record to record student progress through achievement/progress, data collection, instructional methods, and curriculum?	N/A	This question applies to Pelican Bay State Prison, Salinas Valley State Prison or High Desert State Prison only.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

69.	<b>Correctional Offender Management Profiling for Alternative Sanctions – Risk and Needs Assessment:</b> Is there an approved Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operational Procedure (OP)?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
70.	Are all Recidivism and Reduction Strategy (RRS) Assessment positions filled (part of Correctional Offender Management Profiling for Alternative Sanctions)?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
71.	Are all other designated assessment positions filled? Is there a designated supervisor over the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Program?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
72.	Do all designated assessment staff have an individual Correctional Offender Management Profiling for Alternative Sanctions log-on code? Is the security of the code maintained?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
73.	Does the assessment staff maintain appropriate security of laptop and/or stand-alone computers utilized for the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Program?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
74.	<b>Recidivism Reduction Strategies:</b> <ul style="list-style-type: none"> <li>Is there a Recidivism Reduction Strategies expenditure tracking log maintained by the Principal for the purposes of identifying equipment or materials purchase or provided to the institution for assessments as identified in the Recidivism Reduction Strategies Budget Change Proposal (BCP)?</li> <li>Are inventories of Recidivism Reduction Strategies equipment maintained and current?</li> </ul>	N/A	There is no longer a tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education operations funding process.



# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

75.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Recidivism Reduction Strategies Enhanced Outpatient Program:</b></div> <p>Are all Enhanced Outpatient Program staff hired and in place?</p>	N/A	There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education position funding process.
76.	Does the Principal (via the Academic Vice-Principal) supervise the Enhanced Outpatient Program Teacher(s) in accordance with California Department of Corrections and Rehabilitation policy?	N/A	There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that has ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education position funding process.
77.	Have the Enhanced Outpatient Program Teacher(s) received training in performing the required duties as described in the Enhanced Outpatient Program Duty Statement?	N/A	There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that has ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education position funding process.
78.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Multi-Agency Re-entry Program (SB 618):</b></div> <p>Has the institution interviewed and hired for the Prison Case Manager positions as members of the Multi-Disciplinary team?</p>	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.
79.	Are the four vocational programs referenced in Senate Bill 618 in place at the institution?	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.
80.	Has a documentation process been established to monitor inmate contact time as well as inmate growth and completion of program?	N/A	This question applies only to R. J. Donovan Correctional Facility at Rock Mountain.

# COMPLIANCE REVIEW FINDINGS

## EDUCATION ADMINISTRATION SECTION

81.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Vocational-Recidivism Reduction Strategies</b></div> Are all original vocational Recidivism Reduction Strategies (RRS) teacher positions filled and are all classrooms operating?	<b>N/A</b>	San Quentin State Prison did not receive any Recidivism Reduction Strategies vocational positions.
82.	Are all Recidivism Reduction Strategies vocational classes at full enrollment?	<b>N/A</b>	San Quentin State Prison did not receive any Recidivism Reduction Strategies vocational positions.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

NO.	<b>INSTITUTION:</b> San Quentin State Prison <b>DATE:</b> September 28-October 1, 2009 <b>COMPLIANCE TEAM:</b> Valarie Anderson, Beverly Penland	Yes/No or N/A	<b>COMMENTS</b>
1.	<div style="border: 1px solid black; padding: 2px;"><b>Student Job Descriptions:</b></div> Are all of the inmate students' job descriptions accurate, complete, signed, and available?	<b>Yes</b>	
2.	<div style="border: 1px solid black; padding: 2px;"><b>Student Records/Achievements:</b></div> Do all the of classroom files reflect Test of Adult Basic Education scores that are being administered according to the quarterly testing matrix and that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan criteria and Office of Correctional Education Test of Adult Basic Education testing requirements?	<b>No</b>	Several files had Test of Adult Basic Education scores that were over six months old.
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	<b>No</b>	A few files did not have current California Department of Corrections and Rehabilitation Form 128E chronological reports.
4.	Is 100% of the California Department of Corrections and Rehabilitation curriculum recording system in-use, accurate, and current?	<b>No</b>	A few teachers have the new recording system, but use the old recording system as they do not have enough of the new curriculum books and materials.
5.	Do 100% of the Permanent Class Record Cards (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours x-time or 8.5 hours of x-time for 4-10 programs for traditional classes?	<b>Yes</b>	
6.	Are Certificates of Completion or Achievement being issued to those students earning them?	<b>No</b>	Not all teachers are issuing Certificates of Achievement for each exiting student that reflects what the student has completed within the core curriculum.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

7.	<b>Instructional Expectations:</b> Do all of the academic education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum?	<b>No</b>	The teachers have course outlines and schedules, but do not have lesson plans that agree with the California Department of Corrections and Rehabilitation approved curriculum.
8.	Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript?	<b>No</b>	Teachers do not issue elective credits.
9.	Do all of the academic education classes have course outlines that agree with the California Department of Corrections and Rehabilitation approved curriculum?	<b>Yes</b>	
10.	<b>Bridging Education Program Instructional Expectations:</b> Is each teacher utilizing the established curriculum for Bridging Education Program and does each teacher have a copy of the curriculum?	<b>N/A</b>	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
11.	Are the Test of Adult Basic Education and Comprehensive Adult Student Assessment System being Administered to Bridging Students? Are other assessments being used to assess the inmate job skills?	<b>N/A</b>	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

12.	Does Bridging Education Program teacher utilize the proper Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) and is it up to date and accurate?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
13.	Has the Bridging Education Program teacher developed a written weekly schedule to include student programs and contacts?	N/A	The Bridging Education Program is being eliminated by the Governor and Legislature agreements on day per day time credit and budget cuts resulting in rehabilitative programs reductions. (SBX3 18) (California Department of Corrections and Rehabilitation Fact Sheet on Adult Rehabilitation Programs Reductions for Fiscal Year 2009-10 State Budget)
14.	<div> <b>Test of Adult Basic Education Testing Coordinator:</b> </div> Are gain/loss reports (School Progress Assessment Report Card) and the Test of Adult Basic Education sub-test reports reviewed/shared with the education supervisors?	Yes	
15.	Do the Test of Adult Basic Education Coordinator and at least two others have access to a California Department of Corrections and Rehabilitation email address and user account?	Yes	
16.	Does the Test of Adult Basic Education Coordinator have the most recent Test of Adult Basic Education database (within a week)?	Yes	
17.	Are Test of Adult Basic Education testing protocols signed by current staff?	Yes	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

18.	Are the Test of Adult Basic Education testing materials secured in a locked cabinet (mandatory standards)?	<b>No</b>	It is required that tests be stored in a cabinet with a locking bar and padlock per the "Testing Materials Security and Administration" memorandum, dated June 29, 2007 and signed by Janet Blaylock, Superintendent of Correctional Education (A). However, it is noted that the testing materials are in a locked closet, in a locking room that has no inmate access.
19.	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator?	<b>No</b>	There is no computer inventory of test books and no inventory for answer sheets.
20.	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions?	<b>Yes</b>	
21.	Is the Test of Adult Basic Education locator test being used when needed to determine which level-appropriate Test of Adult Basic Education test to administer?	<b>Yes</b>	
22.	<div style="border: 1px solid black; padding: 2px;"><b>Teacher-Test of Adult Basic Education Testing</b></div> <p>Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?</p>	<b>No</b>	The English Language Development teacher does not give the Test of Adult Basic Education to her students until she feels they can read well enough to score on the reading portion of the Test of Adult Basic Education. She does not have her students attempt the Test of Adult Basic Education full battery. These students then do not have an initial Test of Adult Basic Education and are not appearing on the Test of Adult Basic Education matrix.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

23.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	No	The English Language Development students are not getting an initial Test of Adult Basic Education test upon entry and therefore are not included on the testing matrix to measure student progress.
24.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level-appropriate Test of Adult Basic Education test to administer?	No	One teacher was unaware of a Test of Adult Basic Education locator test.
25.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	No	One teacher does not have pre-post subtest and does not review it with her inmates.
26.	Are teachers using the Test of Adult Basic Education pre-post diagnostic subtest test results as a diagnostic tool for individualized instruction and troubleshooting Test of Adult Basic Education score losses in their classes?	No	One teacher does not have pre-post subtest scores and does not use it as a diagnostic tool.
27.	Are current Test of Adult Basic Education subtests placed in student's classroom file?	No	One teacher does not have subtests placed in the student's classroom files.
28.	<div style="border: 1px solid black; padding: 2px;"><b>Alternative Education Delivery Models:</b></div> Are Alternative Education Delivery Model Open Line schedules with dates and times posted in public areas for inmate access to educational services during off work hours?	Yes	
29.	Is the Television Specialist and Distance Learning Study Teacher developing a Distance Learning Study Channel schedule of courses, with dates and times, posted in public areas for inmates to review and complete their assignments?	Yes	
30.	Does the Television Specialist plan, supplement and implement electronic educational coursework with the Distance Learning teacher, utilizing Transforming Lives Network and airing educational programs, such as Kentucky Educational TV General Education Development series on a weekly basis?	Yes	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

31.	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs?	<b>No</b>	Teachers are not issuing Certificates of Achievement upon exit reflecting what the student completed while enrolled in the Distance Learning or Independent Study program.
32.	Do all of the Education/Independent Study (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>N/A</b>	
33.	Do all of the Education/Work Program (half-time) classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>N/A</b>	
34.	Do all of the Distance Learning classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>Yes</b>	
35.	Do all of the Independent Study classes have current course outlines and lesson plans that agree with the Office of Correctional Education approved curriculum?	<b>No</b>	The teachers do not have lesson plans that agree with the Office of Correctional Education approved curriculum.
36.	<ul style="list-style-type: none"> <li>Are teachers testing inmates within ten days of being enrolled or assigned to an Alternative Education Delivery Model program?</li> <li>Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement?</li> </ul>	<b>No</b>	The teachers stated they had a great deal of difficulty getting inmates to a certain place at a certain time to obtain a Test of Adult Basic Education test. The teachers do not administer a Comprehensive Adult Student Assessment System test.
37.	<ul style="list-style-type: none"> <li>Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated?</li> <li>Is it given to the Vice-Principal and Principal on at least a weekly basis?</li> </ul>	<b>Yes</b>	



# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

38.	Are students' gains being recorded and tracked?	No	The teachers do not test the students upon entry and exit with either the Test of Adult Basic Education or Comprehensive Adult Student Assessment System tests.
39.	<b>Gender Responsive Strategies:</b> Do all of the academic life skills classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies (GRS) approved curriculum, i.e.? Women's Conflict and Anger Lifelong Management (W-CALM) (Feb. 2007), Women's Health (July 2007), Women's Parenting (January 2008) Women's Victims (July 2008)?	N/A	This item applies only to institutions housing females.
40.	Do all of the academic life skills classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	This item applies only to institutions housing females.
41.	<b>ESTELLE and Behavior Modification Unit programs:</b> Is there an effective system in place to track monthly attendance, reporting, and evaluation of assigned inmates, their performance; and participation that allows a clear over-all rating of progress of each student in the Behavior Modification Unit/ESTELLE program?	N/A	This question applies to Pelican Bay State Prison, Salinas Valley State Prison or High Desert State Prison only.
42.	Is there a tracking and evaluation process to determine inmate progress on the Behavior Modification Unit curriculum competencies including Conflict and Anger Lifelong Management and is documentation provided to the Unit Classification Committee every 30 days detailing how the inmates assigned to the Behavior Modification Unit program are performing?	N/A	This question applies to Pelican Bay State Prison, Salinas Valley State Prison or High Desert State Prison only.
43.	<ul style="list-style-type: none"> <li>Do ESTELLE students have access to computers as required in the framework of the program for training?</li> <li>Does the teacher have Test of Adult Basic Education scores on all of the students in the program?</li> </ul>	N/A	This question applies to Pelican Bay State Prison, Salinas Valley State Prison or High Desert State Prison only.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

44.	<b>Correctional Offender Management Profiling for Alternative Sanctions – Risk and Needs Assessment:</b> Are assessment teachers conducting assessments on eligible inmates as defined by the current Correctional Offender Management Profiling for Alternative Sanctions Operations Manual?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
45.	Does assessment staff utilize the current standardized Correctional Offender Management Profiling for Alternative Sanctions Tracking Form?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
46.	Are the Correctional Offender Management Profiling for Alternative Sanctions questionnaires shredded daily in accordance with the confidential document procedure?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
47.	Are assessment interviews conducted in a semi-private environment?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
48.	Is appropriate assistance provided to inmates during participation in the Correctional Offender Management Profiling for Alternative Sanctions assessment interview in accordance with departmental policies regarding Effective Communication, the Clark Remedial Plan, and Armstrong mandates?	N/A	Adult Programs transitioned the Correctional Offender Management Profiling for Alternative Sanctions Risk and Needs Assessment Operations from teachers to correctional counselors.
49.	<b>Security and Order:</b> Are personal alarms issued to teachers and do they wear whistles and the personal alarms on their person?	No	One teacher had not checked out an alarm.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

50.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	No	A few classrooms did not have exit signs and/or emergency evacuation plans posted in accordance with the institution's emergency evacuation plan.
51.	<div>Pre-Release</div> Does the Pre-Release curriculum contain Life Skills; Communication Skills; Attitude and Self-Esteem; Money Management; Community Resources; Job Application Training; Department of Motor Vehicles Practice Test; and Parole Services?	N/A	
52.	Do all of the Pre Release lesson plans contain the objective, handouts, and methods for student evaluation?	N/A	
53.	Is the Pre-Release teacher receiving appropriate institutional and Parole and Community Services Division (P&CSD) staff support?	N/A	
54.	Is the Pre-Release curriculum recording system in-use, accurate, and current and are copies of monthly records maintained?	N/A	
55.	Does the Pre-Release instructor use a variety of teaching methodologies and allow for differentiation of instruction to meet individual learners' needs?	N/A	
56.	Is the Pre-Release class a full-time program (four days/8.5 hours or five days/6.5 hours)? If no, is there an exemption on file?	N/A	
57.	Are all of California Department of Corrections and Rehabilitation Form 128Es (that are used to record all education participation including course completions) and classroom records current and accurate and reflect a full-quota student enrollment?	N/A	
58.	Does the Pre-release Teacher use the Framework for Breaking Barriers?	N/A	
59.	Does the Pre-release teacher provide the Office of Correctional Education with monthly Pre-release Program reports on time and maintain copies of those monthly Pre-release program reports?	N/A	

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

60.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>Recidivism Reduction Strategies Enhanced Outpatient Program:</b> </div> <p>Is the Enhanced Outpatient Program Teacher a participating member of the Interdisciplinary Treatment Team meetings?</p>	<b>N/A</b>	<p>There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education position funding process.</p>
61.	<p>Is there a current roster of Enhanced Outpatient Program inmates determined eligible by Interdisciplinary Treatment Team and the Enhanced Outpatient Program teacher to receive education services?</p>	<b>N/A</b>	<p>There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education position funding process.</p>
62.	<p>Is the required student assessment for development of the Individualized Treatment and Education Plan completed in accordance with the Enhanced Outpatient Program assessment guidelines timelines?</p>	<b>N/A</b>	<p>There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education position funding process.</p>
63.	<p>Is there documentation of the education services provided to Enhanced Outpatient Program inmates?</p>	<b>N/A</b>	<p>There is no Enhanced Outpatient Program at San Quentin State Prison. However, for information purposes, this was a three year staffing cycle for some institutions that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education position funding process.</p>

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

64.	<b>Transforming Lives Network Program:</b>	<b>Yes</b>	
	Are alternate modalities available for use within the housing units for the Distance Learning program? For example, video, Transforming Lives Network, institutional television, visual worksheets, etc.?		
	Is the television specialist recording Transforming Lives Network broadcasting and archiving copies for re-broadcast and individual teacher access?	<b>Yes</b>	
	Is the television specialist setting up a broadcast schedule for the school and distributing that schedule to the school faculty?	<b>Yes</b>	
67.	Are school faculty members given the opportunity to provide input into the broadcast schedule?	<b>Yes</b>	
68.	<b>Recreation/Physical Education (P.E.):</b>	<b>Yes</b>	
	Is there a current and comprehensive activity schedule for the Recreation and/or Physical Education Program?		
	Does the Physical Education teacher follow the California Department of Corrections and Rehabilitation approved selection process for movies?	<b>Yes</b>	
	Does the Physical Education teacher have sign-up sheets, team rosters, or other evidence of inmate participation in sports and health education activities?	<b>Yes</b>	
71.	Is California Department of Corrections and Rehabilitation-approved State frameworks curriculum being used and are course outlines present?	<b>Yes</b>	
72.	Are health education, physical fitness training and recreational activities being provided to the Special Needs populations?	<b>No</b>	The Physical Education Teacher offers programs to inmates 35 and over, but does not target the special needs populations.
73.	Does the Physical Education teacher have a system in place to ensure accountability for state property including sports equipment, clothing and supplies?	<b>Yes</b>	However, the Office of Audits and Compliance Security Review team found some discrepancy with the number of baseball bats.

# COMPLIANCE REVIEW FINDINGS

## ACADEMIC EDUCATION SECTION

74.	Are there sufficient supplies, such as board games and sports equipment, to ensure a viable Physical Education program?	<b>Yes</b>	
75.	Are time-keeping records (California Department of Corrections and Rehabilitation Form 1697) on inmates assigned to work for the Physical Education teacher being kept?	<b>N/A</b>	
76.	Are health education, physical fitness training and recreational activities being provided to the geriatric population (age 55 and over)?	<b>No</b>	The Physical Education Teacher offers programs to inmates 35 and over, but does not target the geriatric population of age 55 and over.
77.	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>Recidivism Reduction Strategies (Physical Education):</b></div> Have the funds for the Recidivism Reduction Strategies funds for the geriatric population been expended for the geriatric population?	<b>N/A</b>	There is no longer a tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/20010 fiscal year and absorbed into the general education operations funding process.

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

NO	<b>INSTITUTION:</b> San Quentin State Prison <b>DATE:</b> September 28-October 1, 2009 <b>COMPLIANCE TEAM:</b> Beverly Penland	Yes/No or N/A	<b>COMMENTS</b>
1.	<b>Student Job Description:</b> Are all of the inmate students' job descriptions accurate, complete, signed, and available?	Yes	
2.	<b>Student Records/Achievements:</b> Do all of classroom files reflect Test of Adult Basic Education scores that are not over six months old for students under the California Department of Corrections and Rehabilitation Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria?	Yes	
3.	Are all of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and timekeeping documents, current, accurate, and secure?	Yes	
4.	Is the curriculum recording system in-use, accurate, and current?	Yes	
5.	Does the Permanent Class Record Card (California Department of Corrections and Rehabilitation Form 151) reflect the minimum student contact time of 6.5 hours X-time or 8.5 hours of X-time (on full days) for 4-10 programs?	Yes	
6.	Are elective credits in the designated vocational subject being issued to students and recorded on their transcript in the education file?	No	The teachers in the vocational trades do not issue elective credits to their students.
7.	Are Trade/Industry Certifications being issued and recorded to those students earning them?	No	The Sheet Metal program is applying to be able to issue the National Institute for Metalworking Skills certification for students fulfilling the certification requirements.
8.	Are Certificates of Completion or Achievement as appropriate being issued and recorded for those students earning them?	Yes	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

9.	<b>Instructional Expectations:</b> Do all of the vocational education classes have course outlines that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
10.	Do all of the vocational education classes have lesson plans that agree with the California Department of Corrections and Rehabilitation curriculum?	Yes	
11.	Have the Literacy Implementation Plan sections (applicable to Vocational Education) been incorporated through a core set of literacy materials into the instructional plan and do lesson plans verify this?	Yes	
12.	Are Vocational Instructors conducting and documenting at least four hours of approved related formal classroom training each week for all inmate students?	Yes	
13.	Are all of the vocational programs that have a nationally recognized certification programs participating in that program?	Yes	
14.	<b>Recidivism Reduction Strategies:</b> Are the Recidivism Reduction Strategies programs issuing trade certifications and/or National Center for Construction Education and Research certifications?	N/A	There is no longer a separate tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education operations funding process.
15.	<b>National Center for Construction Education and Research:</b> Are all the National Center for Construction Education and Research accreditation guidelines for Standardized Training being used?	Yes	
16.	Are the Building Construction Trades using the Contren Learning Series text books as the primary classroom text book?	Yes	



# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

17.	Do all of the National Center for Construction Education and Research instructors have the resources needed to effectively teach the related trades?	Yes	
18.	Are all of the building trade instructors currently National Center for Construction Education and Research Certified Instructors and have attended the Instructor Certification Training Program (ICTP)?	Yes	
19.	Are all of the craft instructors maintaining and conducting record keeping as outlined in the National Center for Construction Education and Research Accreditation Guidelines?	Yes	
20.	Are all of the instructors maintaining the confidentiality and maintain restricted access to inmate social security numbers used on the National Center for Construction Education and Research Form 200's?	Yes	
21.	Are all of the written National Center for Construction Education and Research tests, National Center for Construction Education and Research test CD-ROMs and National Center for Construction Education and Research answer keys maintained in a secure locked location with an inventory of the tests on hand?	Yes	The Sheet Metal program needs the tests for book one re-installed on his computer. He is in the process of contacting the Associate Information Specialist Analyst in regards to reinstalling the test material.
22.	Are all of the students evaluated based on a 70% minimum passing score on National Center for Construction Education and Research written examinations?	Yes	
23.	Are those students that fail a National Center for Construction Education and Research written test or practical exam required to wait a minimum of 48 hours prior to being retested?	Yes	
24.	Are 90% or more of the students completing the first six National Center for Construction Education and Research CORE Modules prior to starting the Level 1 for the trade?	Yes	
25.	Are all National Center for Construction Education and Research performance evaluations conducted for each module and a record of the Performance Profile Sheet maintained?	Yes	

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

26.	Upon successful completion of the National Center for Construction Education and Research written and performance evaluation, is the instructor documenting and submitting the Form 200 to the Unit Training Representative (UTR) for signature and forwarding to Office of Correctional Education within 60 days?	Yes	
27.	Are all of the instructors accepting National Center for Construction Education and Research Modules and Completion Certifications issued prior to students being assigned to the vocational class?	Yes	
28.	<div style="border: 1px solid black; padding: 2px;"><b>Test of Adult Basic Education Testing</b></div> Are teachers testing within ten days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix?	Yes	The teacher has just returned from sick leave and will be testing the students who were assigned to his program while he was out on sick leave.
29.	Are the Test of Adult Basic Education tests administered according to the testing matrix?	Yes	
30.	Is the Test of Adult Basic Education locator being used, when needed, to determine which level appropriate Test of Adult Basic Education test to administer?	Yes	
31.	Are teachers using Test of Adult Basic Education pre-post subtest diagnostic reports for student needs assessment and are they reviewing test scores with inmates?	Yes	
32.	Are teachers using the Test of Adult Basic Education test results as a diagnostic tool for individualized instruction and trouble shooting Test of Adult Basic Education score losses in their classes?	Yes	
33.	Are current Test of Adult Basic Education subtests placed in student's file?	Yes	
34.	<div style="border: 1px solid black; padding: 2px;"><b>Gender Responsive Strategies:</b></div> Do all or more of the Gender Responsive Strategies (GRS) vocational classes have current course outlines that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum, i.e. Cosmetology, Mill & Cabinet, Cable Technician, etc.?	N/A	This item applies only to institutions housing females.

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

35.	Do all or more of the vocational classes have current lesson plans that agree with the Office of Correctional Education/Gender Responsive Strategies approved curriculum?	N/A	This item applies only to institutions housing females.
36.	<b>Security and Order:</b> Are personal alarms issued by the institution to instructors and do they wear a whistle and the personal alarms on their person?	Yes	.
37.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	Yes	
38.	Is there an Inmate Safety Committee that conducts and records weekly safety inspections?	Yes	
39.	Is at least one hour per month of safety meetings being held and documented?	Yes	
40.	<b>Trade Advisory Committee:</b> Does the instructor have a documented Trade Advisory Committee that meets at least quarterly?	Yes	The teachers at San Quentin are very pro-active in continuing Trade Advisory Committee meeting and they are allowed to attend/hold Trade Advisory Committee meeting on quarter breaks when time permits.
41.	<b>Job Market Analysis:</b> Is a current Employment Development Department Job Market Analysis and/or institutional Job Market Survey on file?	Yes	
42.	<b>Apprenticeship:</b> Is there an active Apprenticeship Training Program?	N/A	The Apprenticeship Training program for the Sheet Metal class is in the process of being re-established with Local 104. During a rewrite of Local 104's by laws the agreement was left out. The teacher is in the process of working with Local 104 to re-establish the agreement.

# COMPLIANCE REVIEW FINDINGS

## VOCATIONAL EDUCATION SECTION

43.	If there is an active Apprenticeship Training Program, do inmates meet apprenticeship requirements and receive pay?	N/A	The Apprenticeship Training Program is still operating and the apprentices adhere to apprenticeship requirements and the inmates are receiving pay while the teacher continues to work with Local 104 to re-establish the Apprenticeship Training program agreement.
44.	Does the instructor have a documented active Joint Apprenticeship Committee that meets at least quarterly within the institution?	N/A	Currently there has not been a quarterly Joint Apprenticeship Committee meeting within the institution, however, the teacher does attend meeting with Local 104.
45.	<div style="border: 1px solid black; padding: 2px;"><b>Employee and Community Services Programs.</b></div> If vocational education programs are participating in Employee Services Programs, are they meeting Department Operation Manual and Penal Code requirements?	N/A	
46.	If vocational education programs are participating in community service projects, are they meeting Department Operation Manual requirements?	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

NO.	<b>INSTITUTION:</b> San Quentin State Prison <b>DATE:</b> September 28-October 1, 2009 <b>COMPLIANCE TEAM:</b> Raul Romero, Beverly Penland, Valarie Anderson	Yes/No or N/A	COMMENTS
1.	<b>Library Staffing:</b> <ul style="list-style-type: none"> <li>Does the Principal, Academic Vice-Principal, or Vocational Vice-Principal supervise the library staff?</li> <li>Does the Senior Librarian implement/plan the library program?</li> </ul>	Yes	The Academic Vice Principal supervises the three Senior Librarians.
2.	<b>Department Operations Manual and Department Operations Manual Supplement:</b> <ul style="list-style-type: none"> <li>Is the current Department Operations Manual, Section 101120, available in the main libraries and satellite libraries?</li> <li>Is there a Department Operations Manual library supplement that is brief, and contains no new policies and/or regulations unless they are court-ordered and does the Department Operations Manual supplement reflect the current, actual local library program?</li> </ul>	Yes	The most recent Department Operations Manual (DOM) was available to the Senior Librarians via the California Department of Corrections Intranet. However, there were no DOM hard copies for inmates to use upon our arrival for the review. There were also no updated DOM supplements. Copies were made and distributed for use to the Main Library and to the Condemned Row/Administrative Segregation Housing Unit, etc. Library satellite/service centers. <b><i>It is recommended that all Three Senior Librarians check at least once a month to ensure that the DOM and any subsequent updated supplements are available to inmates.</i></b>
3.	<b>General Population (GP) Access Hours:</b> <ul style="list-style-type: none"> <li>Are library hours of operation posted where General Population inmates can see them, and do General Population inmates have access to the library during off work hours?</li> <li>Do General Population inmates have regular access to non-legal library services?</li> </ul>	Yes	Noted hours of operation are: Open 12:30-14:30; Closed 14:30-15:00. Open 1730-2130.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

4.	<table><tr><th>General Population/Law Library Documentation:</th></tr><tr><td><ul style="list-style-type: none"><li>Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use?</li><li>Is there a list showing inmates who request legal access, and those who received access?</li></ul></td></tr></table>	General Population/Law Library Documentation:	<ul style="list-style-type: none"><li>Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use?</li><li>Is there a list showing inmates who request legal access, and those who received access?</li></ul>	No	There are records maintained for inmates coming in to the Law Library for research. However, there is no record of inmates receiving at least two hours of access. Inmates check in but they do not check out nor are they checked out by the Senior Librarian. There is a need to specifically identify Priority Legal User with pending court deadlines and to also note the time the inmate came in and left. <b><i>It is recommended that the current sign in sheet be modified immediately to accurately reflect the time Priority Legal User inmates spend in the library.</i></b>
General Population/Law Library Documentation:					
<ul style="list-style-type: none"><li>Is there documentation of General Population inmates' access to law library for a minimum of two hours within seven calendar days of their request for legal use?</li><li>Is there a list showing inmates who request legal access, and those who received access?</li></ul>					
5.	<table><tr><th>Restricted Housing Status Inmate Access:</th></tr><tr><td><ul style="list-style-type: none"><li>If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library?</li><li>Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?</li></ul></td></tr></table>	Restricted Housing Status Inmate Access:	<ul style="list-style-type: none"><li>If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library?</li><li>Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?</li></ul>	Yes	There was an outdated (February 2006) Department Operations Manual supplement relating to their use of the library. However, the Principal very quickly provided an updated San Quentin supplement. <b><i>It is recommended that all Three Senior Librarians check at least once a month to ensure that the DOM and any subsequent updated supplements are available to inmates.</i></b>
Restricted Housing Status Inmate Access:					
<ul style="list-style-type: none"><li>If there are Restricted Housing inmates in the institution, is there a Department Operations Manual supplement relating to their use of the library?</li><li>Is there a method for Restricted Housing inmates to request physical access to the law library which includes a list showing Restricted Housing inmates requests for access and inmates who actually used the library and is access granted for a minimum of one two-hour block of time if needed by the inmate, within seven calendar days of a request?</li></ul>					
6.	<table><tr><th>Restricted Housing Status Non-Legal Library Services:</th></tr><tr><td>Do Restricted Housing inmates receive general library services?</td></tr></table>	Restricted Housing Status Non-Legal Library Services:	Do Restricted Housing inmates receive general library services?	Yes	General Library services to restricted housing inmates are limited but available. Operational and funding issues are impacting the delivery of general library services.
Restricted Housing Status Non-Legal Library Services:					
Do Restricted Housing inmates receive general library services?					

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

7.	<b>Library Expenditures:</b> <ul style="list-style-type: none"> <li>Are library funds spent for magazines/newspaper subscriptions, fiction and nonfiction books, supplies, processing, repair, and interlibrary loan fees?</li> <li>If other items are purchased, are they for library use?</li> </ul>	Yes	
8.	<b>Inmate Welfare Funds (IWF) Expenditure:</b> <p>Are Inmate Welfare Funds used to purchase newspapers, magazines, and paperback fiction books, etc.?</p>	No	San Quentin Administration did not provide Inmate Welfare Funds for use in purchasing newspapers, magazines, and paperback fiction books, etc.
9.	<b>Law Library Expenditure:</b> <ul style="list-style-type: none"> <li>Does the Senior Librarian understand the process associated with receiving the mandated law discs/books through the warehouse or mail room?</li> <li>Are the Stock Received Reports completed and submitted to the Regional Accounting Office?</li> </ul>	Yes	
10.	<ul style="list-style-type: none"> <li>Are all received mandated law books and discs made available to inmates in a timely manner?</li> <li>Are the discs timely loaded on the Law Library Electronic Data System computer?</li> <li>Are the law books shelved promptly?</li> </ul>	Yes	However, library staff had trouble in loading one recent update disc (disc #7). The disc was not loaded properly and by the time it was loaded, there was a new update (disc #8). <b><i>It is recommended that the Senior Librarians report any Law Library Electronic Data System discs problems immediately and directly to the Principal.</i></b>
11.	<ul style="list-style-type: none"> <li>Are law library discs checked in by the Associate Information Specialist Analyst?</li> <li>If not, who checks them?</li> </ul>	Yes	
12.	Does the librarian know what steps to take if a mandated law library book or disc is not received when it should be?	Yes	

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

13.	<b>Library Book Stock - Quality, Part I:</b> <ul style="list-style-type: none"> <li>• Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last five years and one unabridged dictionary (no older than five years?)</li> <li>• Does the library program have at least three directories relevant to the questions asked by the population served?</li> </ul>	No	The unabridged dictionary is over ten years old (1992-93). There is an updated electronic encyclopedia set and Encarta. However, the hard copy encyclopedia set is over 5 years old. There are at least three directories relevant to the population served.
14.	<b>Library Book Stock - Quality, Part II:</b> <p>Does each library in the institution have a current world almanac, an atlas that is no more than three years old, an English language dictionary that is no more than five years old, and a Spanish and English dictionary that is no more than ten years old?</p>	Yes	
15.	<b>Library Book Stock - Quality, Part III:</b> <ul style="list-style-type: none"> <li>• Does each library regularly inspect the physical condition of their books?</li> <li>• Does the library program have a book repair procedure?</li> </ul>	Yes	The main library clerks do an excellent job in maintaining book repairs.
16.	<b>Library Book Stock - Quality, Educational Support, Literacy, Multi-Ethnicity:</b> <p>Does each library in the institution have at least one textbook and two supplemental titles which have copyright dates not more than ten years old representing each vocational and academic program in the institution, a minimum of 100 titles representing high interest/low level reading books, a minimum of 250 multi-ethnic titles, including but not limited to Black American, Asian-American, Hispanic-American (including Spanish language) and Native American materials?</p>	No	<p>The library did not have a single vocational textbook related to the vocational shops in the same general physical area of programming or other vocational programs.</p> <p>However, there are sufficient multi-ethnic titles and high interest low reading level books that meet the requirement.</p>
17.	<b>Library Book Stock - User Orientation:</b> <ul style="list-style-type: none"> <li>• Are book collections designed to meet the needs and interests of the inmate population served?</li> <li>• Does the librarian regularly meet with an inmate library advisory group, and does the library maintain a suggestion box?</li> </ul>	No	There are no written records indicating that the Senior Librarians regularly meet with an inmate library advisory group. However, the appropriate book collection and suggestion box are maintained.



# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

18.	<b>Library Book Stock - Quantity: (Department Operations Manual Book Aug)</b> <ul style="list-style-type: none"> <li>Does the current library collection contain the number of fiction and nonfiction books mandated by California Department of Corrections and Rehabilitation?</li> </ul>	No	There are an insufficient number of fiction and nonfiction books in the library collection to meet the California Department of Corrections and Rehabilitation mandates.
19.	Have all books purchased through the Recidivism Reduction Strategies funds been received, shelved, and inmate use tracked?	N/A	There is no longer a separate tracking requirement by the Office of Correctional Education or the Legislature. The Recidivism Reduction Strategies was a three year operational; funding cycle that ended at the beginning of the 2009/2010 fiscal year and absorbed into the general education operations funding process.
20.	<b>Book Access:</b> <ul style="list-style-type: none"> <li>Is there a card catalog or equivalent system that inmates can use to find a book by title, author, or subject matter?</li> <li>Can inmates request books that are not in the library collection?</li> </ul>	Yes	
21.	<b>Circulation:</b> <p>Is there an adequate library book checkout system in place and an adequate overdue system in use?</p>	Yes	
22.	<b>Mandated Law Library/California Code of Regulations, Department Operations Manual</b> <ul style="list-style-type: none"> <li>Are the Gilmore v. Lynch mandated law books up to date?</li> <li>Does the library collection have the most current California Code of Regulations/Title 15 in English and Spanish?</li> <li>Is there a method of displaying proposed and actual revisions of California Code of Regulations/Title 15 for the inmate population, and does each library have a complete up-to-date Department Operations Manual?</li> <li>Are all the Law Library Electronic Data System computers up-to-date and operating in each library?</li> </ul>	No	<p>There are over 10 legal materials/supplements that are needed to meet standards from West, Sheppard's Citations, Lexis/Nexus, Federal Supplements, etc.</p> <p>The Main Library Principal Librarian and the Principal are now aware of the problem.</p>

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

23.	<b>Law Library - American Disability Act (ADA):</b> Are American Disability Act mandatory postings present in the library?	Yes	Armstrong/Clark/Valdivia posters were on display within the library.
24.	<b>Circulating Law Library:</b> Is a procedure for accessing the Circulating Law Library in place?	Yes	A copy of the centralized statewide Circulating Law Library procedures is available.
25.	<b>Court Deadlines:</b> Are court deadlines verified, and is there documentation that inmates with established court deadlines have priority access to the library?	No	The Main Library does not maintain the appropriate documentation for court deadlines and priority access. <b><i>It is recommended that a copy of the court case sheet verifying a priority deadline be made and maintained by the Senior Librarian together with the access records.</i></b> The Condemned Row/Administrative Segregation had appropriate records.
26.	<b>Law Library Forms and Supplies:</b> Do inmates have access to court-required forms; are required legal supplies adequate and available; are procedures to distribute forms and supplies appropriate; and do all law libraries follow the same law library procedures?	Yes	<b><i>However it is recommended that an accurate list of all required forms that are available be developed and maintained.</i></b> It is also recommended that the Senior Librarians pursue obtaining available electronic copies from other Senior Librarians. The Senior Librarian from Folsom State Prison is a good resource for electronic copies.
27.	<b>General Library Forms and Supplies:</b> Are adequate supplies available to process library materials, and are there standardized forms for library procedures that are used by all the libraries in the institution?	Yes	Ditto the answer to number 26 above.

# COMPLIANCE REVIEW FINDINGS

## LIBRARY/LAW LIBRARY SECTION

28.	<div style="border: 1px solid black; padding: 2px;"><b>Inmate Clerk Training:</b></div> <ul style="list-style-type: none"> <li>• Do inmate library/law library clerks receive documented training? Are training records maintained for each inmate employee?</li> <li>• Do inmate clerks receive training on a regular basis in law library and general library processes?</li> </ul>	Yes	<p>The clerks are well trained and a minimal general non-specific record is maintained. <b><i>It is recommended that the Main Library Senior Librarian complete the development of the specific check off topics training tracking record sheets as soon as possible.</i></b> He has a draft copy in progress already.</p>
29.	<div style="border: 1px solid black; padding: 2px;"><b>Security and Order:</b></div> <ul style="list-style-type: none"> <li>• Are personal alarms issued by institution to library staff; does library staff wear a whistle and the issued personal alarms?</li> <li>• Are exits clearly marked and evacuation plans posted in accordance with the institution's emergency evacuation plan?</li> </ul>	Yes	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

	<b>INSTITUTION: SQ</b> <b>DATE: Sept. 28-Oct. 1, 2009</b> <b>COMPLIANCE TEAM: Mark Lechich</b>	<b>Yes/No or N/A</b>	<b>COMMENTS</b>
1.	<div style="border: 1px solid black; padding: 2px;"> <b>Duty Statement/Job Description/Credentials – Literacy Learning Lab</b> </div> <p>Does the teacher have a current duty statement on file (within one year)?</p>	N/A	San Quentin State Prison does not have a Phase I or II Literacy Learning Lab.
2.	Does the teacher have a valid credential on file?	N/A	
3.	<div style="border: 1px solid black; padding: 2px;"> <b>Security/Order – Literacy Learning Lab</b> </div> <p>Are personal alarms issued by the institution to teaching staff and do they wear a whistle the personal alarms on their person?</p>	N/A	
4.	Are exits clearly marked and emergency evacuation plans posted in accordance with the institution's emergency evacuation plan?	N/A	
5.	<div style="border: 1px solid black; padding: 2px;"> <b>Supervisory/Support – Literacy Learning Lab</b> </div> <p>Does the teacher receive support from his/her supervisor and other educational staff?</p>	N/A	
6.	Does the Vice Principal visit/observe the class? Does the Principal visit/observe the class? Does the teacher maintain a sign-in log?	N/A	
7.	<div style="border: 1px solid black; padding: 2px;"> <b>Inmate Enrollment – Literacy Learning Lab</b> </div> <p>Does the teacher maintain a minimum enrollment of 27 students?</p>	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

8.	Do students receive direct/group instruction?	N/A	
9.	Is the Literacy Learning Lab a “self contained” program?	N/A	
10.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Student Records/Testing Achievements – Literacy Learning Lab</b> </div> Does the teacher verify non-General Education Development or non-High School graduation of the student?	N/A	
11.	Does the teacher start a student record file upon the student entering the Literacy Learning Lab program?	N/A	
12.	Does each student have a current Test of Adult Basic Education score? <b><i>If not, do you refer the student for testing?</i></b>	N/A	
13.	Does the teacher assess student’s basic skill level? <b><i>Describe</i></b>	N/A	
14.	Are at least 90% of the California Department of Corrections and Rehabilitation Form 128E chronological reports, classroom records and accountability documents current, accurate and 100% of them secured?	N/A	
15.	Are the Student Files current (incl. Test of Adult Basic Education scores and any other assessment scores)? <b><i>Review</i></b>	N/A	
16.	Is there a current Student Job Description on file?	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

17.	<div>Instructional Expectations – Literacy Learning Lab</div> <p>Does the teacher use the approved California Department of Corrections and Rehabilitation Competency Based Adult Basic Education curriculum?</p>	N/A	
18.	Are differentiated instructional methods used? <b>Describe</b>	N/A	
19.	Do students track their own progress?	N/A	
20.	Do the students receive computer orientation? Is there continuous training? <b>Describe</b>	N/A	
21.	Does the teacher maintain course outlines and lesson plans? <b>Review files</b>	N/A	
22.	Does the teacher use alternative assessment instruments (besides the required Test of Adult Basic Education), to determine a student's instructional plan? <b>Describe</b>	N/A	
23.	Do students spend an average of six months of instructional time enrolled in the program?	N/A	
24.	<div>Other Services – Literacy Learning Lab</div> <p>Does the teacher refer students to other services, i.e. medical? <b>Describe the process</b></p>	N/A	
25.	Does the teacher provide the students career-related information?	N/A	
26.	Does the teacher have student aides? If so, how many and how are they used?	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

27.	<b>Training – Literacy Learning Lab</b> Has the teacher participated in conferences, workshops and seminars from July 1, 2008–June 30, 2009? If so, provide a list.	N/A	
28.	<b>Expenses – Literacy Learning Lab</b> Are spending levels appropriate for material purchases and training to support program needs?	N/A	
29.	<b>Equipment – Literacy Learning Lab</b> Does the teacher maintain a complete and current inventory of equipment? Is equipment tagged with a Workforce Investment Act property tag? <b>Conduct an inventory</b>	N/A	
30.	Is the teacher's software appropriately maintained by PLATO's technical field staff? Does the teacher have all three educational software programs (PLATO, Reading Horizons, and Reading Plus) presently in service for his/her students?	N/A	
31.	Does the teacher register all new software purchases with the Associate Information Systems Analyst?	N/A	
32.	<b>Committees/Meetings – Literacy Learning Lab</b> How often does the teacher meet with the referral teacher for consultation on a student?	N/A	

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Workforce Investment Act (WIA)

33.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>CASAS/TOPSPRO Management Information System (MIS) Coordinator</b> </div> <p>Has the teacher been trained in the area of California Accountability and the TOPSPRO Management Information System to appropriately perform his duties as a Comprehensive Adult Student Assessment System Coordinator? When was the date of the last training? <b><i>Dates of last trainings</i></b></p>	Yes	Mr. Jay Dicker attended the March (Education Monthly Report) and April training for the TOPSPRO/End of Third Quarter Data Submission for Fiscal Year 2008 – 2009.
34.	Does the teacher have an adequate amount of Comprehensive Adult Student Assessment System testing materials to implement Comprehensive Adult Student Assessment System? <b><i>Explain the Comprehensive Adult Student Assessment System testing procedures at your institution.</i></b>	Yes	SQ checks out test material to teachers maintaining a sign-out and sign-in log for all testing material. Teachers return scantron sheets for TOPSPRO scanning and test booklets to Coordinator to certify book count.
35.	Are the Comprehensive Adult Student Assessment System testing materials appropriately inventoried and secured?	Yes	All books are inventoried and locked in storage closet inside of locked Testing Office.
36.	Is the teacher using the latest version of the TOPSPRO Management Information System software?	Yes	TOPSPRO 5.0 Build 66
37.	Is the hardware equipment (Scantron machine) and software (TOPSPRO Management Information System) used to implement Comprehensive Adult Student Assessment System appropriately maintained?	Yes	Both the computer and scanner 2800 model work.
38.	Does the teacher provide each regular teacher with a Student Performance by Competency Report to assist them in preparing lesson plans?	Yes	Coordinator provides Competency Reports for Students and by Class Reports. He also provides Learning Gains by class for all teachers.



# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

### Workforce Investment Act (WIA)

39.	Does the teacher know how to generate the California Payment Point Report? Can the teacher generate a Preliminary Payment Point Report?	<b>Yes</b>	Coordinator checks report after all scanning sessions. Payment Point by totals is shared with all the staff members. Preliminary Payment Point Reports show total Payment Point if data has not been completely clean. Coordinator uses the information to clean up data.
40	Are the appropriate students receiving and completing the Core Performance Surveys? <b><i>Explain the process in place to ensure that students are receiving the surveys.</i></b>	<b>Yes</b>	Mr. Dicker checks if ex-student is still at SQ. If the person is still at the institution he locates him and delivers survey to him for completion.
41.	Can the teacher generate an up-to-date list of students that will be receiving the Core Performance Survey for the past quarter?	<b>Yes</b>	When Mr. Dicker ran the Core Performance Survey TOPSpro showed "No Student Qualified" message.
42.	Can the teacher generate a Data Integrity site review?	<b>Yes</b>	This report is utilized for cleaning data.
43.	Can the teacher generate a Student Gains by Class Report? Can the teacher produce five student Entry/Update records and Pre/Post Test records? (Check reports with Student Gains by Class Report and Student Lister. Dates, testing books, and scores should match between records)	<b>Yes</b>	Mr. Dicker generated the Student Gains by Class Report. All test records are filed and saved in Testing Office. All dates, learning gains matched

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Carl D. Perkins Act  
Vocational and Technical Education Act Grant

<b>INSTITUTION: SQ</b> <b>DATE: Sept. 28-Oct. 1, 2009</b> <b>COMPLIANCE TEAM: Ron Callison</b>		Yes/No or N/A	COMMENTS								
1.	<b>Inmate Enrollment</b> Is the class meeting the Office of Correctional Education required enrollment quota? (Note the actual enrollment in the comments section).	Yes	<table border="1"> <thead> <tr> <th>Program</th> <th>Quota</th> <th>Enrolled</th> </tr> </thead> <tbody> <tr> <td>1. Machine</td> <td>27</td> <td>26</td> </tr> </tbody> </table>			Program	Quota	Enrolled	1. Machine	27	26
Program	Quota	Enrolled									
1. Machine	27	26									
2.	<b>Equipment Inventory</b> Is the Vocational and Technical Education Act equipment properly tagged? (Note the condition of equipment in the comments section).	Yes									
3.	Is Vocational and Technical Education Act equipment used for the intended purpose?	Yes									
4.	<b>Student Achievements      Records/Testing</b> Are course completions being issued for Office of Correctional Education program training requirements? ■ How many students are trained per year? (Note the number of students trained per year in the comments section).	yes	Number of students trained per yr. Program #1: 108								
5.	Do student files verify equipment training on California Department of Corrections and Rehabilitation Form 128E?	Yes									
6.	Is the Office of Correctional Education-approved curriculum and recording system in use?	Yes									
7.	Are lesson plans in accordance with Office of Correctional Education guidelines?	Yes									

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Carl D. Perkins Act  
Vocational and Technical Education Act Grant

8.	<b>Related Training</b> Is safety and literacy training taking place in accordance with Office of Correctional Education guidelines?	Yes																					
9.	<b>Vocational Classroom Physical Access</b> Are students physically able to get to the vocational shops over 50% of the time? (Note the "X" and "S" time for the last two prior months).	Yes	<table border="1"> <thead> <tr> <th colspan="5">Over a two month period</th> </tr> <tr> <th>Prog.</th> <th>1<sup>st</sup> month</th> <th colspan="3">2<sup>nd</sup> month</th> </tr> </thead> <tbody> <tr> <td></td> <td>X</td> <td>S</td> <td>X</td> <td>S</td> </tr> <tr> <td>#1:</td> <td>2692</td> <td>203</td> <td>1028</td> <td>609</td> </tr> </tbody> </table>	Over a two month period					Prog.	1 <sup>st</sup> month	2 <sup>nd</sup> month				X	S	X	S	#1:	2692	203	1028	609
Over a two month period																							
Prog.	1 <sup>st</sup> month	2 <sup>nd</sup> month																					
	X	S	X	S																			
#1:	2692	203	1028	609																			
10.	<b>Trade Advisory Committee</b> Are quarterly meetings held and minutes kept? <i>(Note the Number of Trade Advisory Committee members, number in the comments section).</i>	Yes	Number of Trade Advisory Committee members: Program #1 4																				
11.	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor received hands-on training regarding current changes in technology and or certification in their field?	No	These are Federal Grant mandates. A teacher training date needs to be set aside to have the instructors visit and conduct Trade Advisory Committee meetings.																				
12.	As per the Interagency Agreement (Exhibit A) has the Vocational Instructor attended trade specific seminars and or technology conferences related to their field?	No	Hands on training for the instructor is also a Federal Grant mandate; additionally attendance at specific trade seminars and technology conferences.																				
13.	<b>Supplemental Areas (not counted for points on the overall Compliance Review)</b> Apprenticeship: <ul style="list-style-type: none"> <li>Number of apprentices_____</li> <li>Institutional Pay_____</li> <li>Union/Company Affiliation_____</li> <li>Current DAS Form_____</li> <li>OJT Work Logged_____</li> <li>Less than 5 years_____</li> </ul>	N/A	However, he has applied to the Automotive Apprenticeship of California and is working on getting NIMS approved.																				

# COMPLIANCE REVIEW FINDINGS

## FEDERAL GRANT PROGRAMS SECTION

Carl D. Perkins Act  
Vocational and Technical Education Act Grant

14.	Is the shop clean?  (Note the cleanliness and general maintenance of the shop in the comments section).	Yes	
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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ARMSTRONG  
SELF  
MONITORING  
EVALUATION

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

ARMSTONG BRANCH

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
EXECUTIVE SUMMARY  
San Quentin State Prison  
September 28~ October 1, 2009**

**Evaluation Team Members:**

Office of Court Compliance HQ: Penny Painter (Team Leader), Jim Russell (Assistant Team Leader), and Sheila Molles.

Audits and Compliance Staff: Jeff Thomas, Michael Brown, Albert Sisneros, Charles Lester, Danielle Alford, and Daryl Walker.

**Overall Score ~ (81%)**

The following areas/questions have a score below 85% and are required to be addressed in the Corrective Action Plan (CAP):

**A. DPP POLICY ~ (91%)**

3. The institution does not have a written plan for alternate DPW ASU for the following:
  - b. Shower

**C. DPP TRAINING ~ (81%)**

1. Staff that have received the formal training with the DPP Lesson Plans:
  - a. Overview: A-0554 (All Staff)  
**1932 required, 1492 attended ~ (77%)**
  - b. Custody (A-0556) (Custody and Correctional Counselor Staff):  
**1065 required, 737 attended ~ (69%)**
  - c. Classification (A-0555) (Correctional Counselor Staff):  
**46 required, 38 attended ~ (83%)**
  - d. Health Care (A-0557) (Medical, Mental Health, and Dental Staff):  
**0 required, 0 attended ~ (0%)**
2. Designated staff who have received the formal interagency training (OCC/DOR):
  - a. Health Care Appliances (A-1170) (Custody Staff assigned to ASU/SHU/R&R and Transportation):  
**337 required, 221 attended ~ (66%)**

**DISABILITY PLACEMENT PROGRAM  
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- b. Effective Communication (A-1171) (Correctional Counselors/Health Care Staff):

Correctional Counselors

**63 required, 52 attended ~ (83%)**

Health Care Staff:

**199 required, 146 attended ~ (73%)**

**D. DPP PROCESS VERIFICATION ~ (68%)**

3. The Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary does not contain information on the inmate's disability.

**1 applicable C-Files reviewed, 0 compliant ~ (0%)**

8. The DPP status and placement is not documented on CDC 128Gs.

**12 applicable C-Files reviewed, 1 compliant ~ (8%)**

9. The Classification Committee does not consider the inmate's limitations as documented in the CDC128-C or CDC 7410 when considering program assignments.

**6 applicable C-Files reviewed, 2 compliant ~ (33%)**

12. Inmates designated as DPH, DPS, DNH, and DNS are not interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication.

**14 applicable C-Files reviewed, 8 compliant ~ (57%)**

14. The CDC Form 1515 (Rev 05/01) does not document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists.

**5 applicable C-Files reviewed, 2 compliant ~ (40%)**

**F. APPEALS ~ (87%)**

8. Medical staff are not following the ARP process for expert consultant verification.

**5 applicable 1824s reviewed, 0 compliant ~ (0%)**



**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
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11. CDC 1824s are not being returned to the appellant within specified time frames.

- a. **1st level Custody:**
- b. **2nd level Custody:**
- c. **1st level Medical:**
- d. **2nd level Medical:**

**Total number of first level completed: 131**

**Total number of first level completed timely: 113**

**Total number of second level completed: 11**

**Total number of second level completed timely: 3**

**Overall is 81% for timeliness**

**G. HOUSING ~ (95%)**

1. The DEC DPP Rosters are not being distributed to the following:

Medical Housing (OHU) 2<sup>nd</sup> and 3<sup>rd</sup> floors (All other clinics were receiving these)

**2 applicable areas reviewed, 0 compliant ~ (0%)**

**H. EFFECTIVE COMMUNICATION ~ (53%)**

5. The Division Head does not distribute the LD list to the appropriate staff.

**5 applicable staff interviewed, 2 compliant areas ~ (40%)**

7. Effective communication is not documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D). (ARP II.E.2 and Eff. Comm. Memo Revised, dated October 22, 2003)

- a. Classification Chrono CDC 128-G

**42 applicable C-Files reviewed, 16 compliant ~ (38%)**

- b. Notice of Classification Hearings CDC 128B1

**67 applicable C-Files reviewed, 0 compliant ~ (0%)**

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- c. Administrative Segregation Unit Placement Notices CDC 114D  
**3 applicable C-Files reviewed, 0 compliant ~ (0%)**
- d. Disciplinary Reports CDC 115s  
**10 applicable C-Files reviewed, 2 compliant ~ (20%)**
- e. Investigative Employee Report  
**1 applicable C-Files reviewed, 0 compliant ~ (0%)**
- 8. Health care providers are not documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists.
  - a. Medical Encounters:  
**153 applicable encounters reviewed, 2 compliant ~ (1%)**
  - b. Dental Health Encounters:  
**79 applicable encounters reviewed, 0 compliant ~ (0%)**
  - c. Mental Health Encounters:  
**37 applicable encounters reviewed, 0 compliant ~ (0%)**

**I. DISABILITY VERIFICATION ~ (80%)**

- 3. Section F (if applicable) of the CDC Form 1845 is not completed correctly.  
**5 applicable 1845s reviewed, 0 compliant ~ (0%)**
- 4. There is no corresponding CDC 128-C or CDC 7410s listing physical limitations or assistance with daily living needs.
  - a. Unit Health Record:  
**1 applicable UHRs reviewed, 0 compliant ~ (0%)**
  - b. Central File:  
**28 applicable C-Files reviewed, 18 compliant ~ (64%)**

**DISABILITY PLACEMENT PROGRAM  
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5. There is no CDC 128B EC Chrono attached to the CDC 1845 for inmates with hearing and speech disabilities in the C File and UHR.

a. Unit Health Record:

**2 applicable UHRs reviewed, 0 compliant ~ (0%)**

b. Central File:

**16 applicable C-Files reviewed, 13 compliant ~ (81%)**

**K. ACCESSIBILITY OF PROGRAMS ~ (83%)**

1. Health care appliances are not listed on the inmate's property card.

**1 applicable area (R&R) reviewed, 0 compliant ~ (0%)**

2. The following information is not included in orientation for all inmates:

- d. Availability of TDDs and volume control phones
- g. The process of personal notification by staff for visits, ducats, etc.
- i. Verified case-by-case medical exceptions to institutional count procedures
- j. Information regarding emergency alarms, evacuations, written announcements, and notices

3. Orientation is not being communicated effectively (alternative formats).

**1 applicable area reviewed, 0 compliant ~ (0%)**

7. Post Orders do not include the following DPP information:

- a. Announcing count, movement, etc. for DPH and DPV inmates.

**18 units reviewed, 11 compliant ~ (61%)**

- b. Emergency/evacuation procedures for DPP inmates.

**18 units reviewed, 13 compliant ~ (72%)**

8. ID Photos of DPx inmates are not kept with current housing unit rosters

**6 units reviewed, 3 compliant ~ (50%)**

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

Institutional Summary		Value	Score	Success
		1545	1249	81%
A.	DPP POLICY	110	100	91%
B.	DPP MISSION	40	40	100%
C.	DPP TRAINING	150	121	81%
D.	DPP PROCESS VERIFICATION	110	69	63%
E.	PHYSICAL PLANT AND MAINTENANCE	0	0	0%
F.	APPEALS	300	267	89%
G.	HOUSING	105	100	95%
H.	EFFECTIVE COMMUNICATION	235	137	58%
I.	DISABILITY VERIFICATION	170	134	79%
J.	DEC SYSTEM	60	60	100%
K.	ACCESSIBILITY OF PROGRAMS	265	221	83%

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**A. DPP POLICY**

		Value	Score
1. Are the ARP, Armstrong court related documents, and departmental memorandums contained in the Hiring Authority Binder?			
A. Warden	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
B. Health Care Manager/CMO	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
2. Do local Operational Procedures (OPs) include the following for inmates with disabilities? (ARP IV, 1, 5, 6, 8, & 10)			
a. Modification of standing count procedures for mobility impaired inmates	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Search policy for mobility impaired inmates and prosthetic limbs	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
c. Telephone/TDD/TTY Procedure	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
d. Evacuation Procedure	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
3. Does the institution have a written plan for alternate DPW ASU:			
A. Housing	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
B. Yard accessibility	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
C. Shower	<input type="text" value="N"/>	<input type="text" value="10"/>	<input type="text" value="0"/>
4. Is the current DPP Disability Effective Communication (DEC) Roster in the Hiring Authority Binder?			
A. Warden	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
B. Health Care Manager/CMO	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
Total		<input type="text" value="110"/>	<input type="text" value="100"/>

**B. DPP MISSION**

1. Is the Institution's DPP mission contained in the Hiring Authority Binder?			
A. Warden	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
B. Health Care Manager/CMO	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
2. Is an ADA Coordinator identified and is he/she at an Associate Warden/Correctional Administrator level or higher?	<input type="text" value="y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
3. Is the DPP Teacher position(s) filled?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Are DPP responsibilities included in duty statements for:			
a. ADA Coordinator	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. DPP Teacher	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Is the staff Sign Language Interpreter position filled, or has the institution made efforts to fill the position where required?			
	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total		<input type="text" value="40"/>	<input type="text" value="40"/>

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**C. IDPP Training**

				Value	Score
1.	Have staff received formal DPP training with a DPP Lesson Plans to include the following?:				
	a. Overview: A-0554 (All Staff)				
	Number of Staff Requiring Training	1932	Number of Staff Trained	1492	77%
				20	15
	b. Custody: A-0556 (Custody and Correctional Counselor Staff)				
	Number of Staff Requiring Training	1065	Number of Staff Trained	737	69%
				20	14
	c. Classification: A-0555 (Correctional Counselor Staff)				
	Number of Staff Requiring Training	46	Number of Staff Trained	38	83%
				20	17
	d. Health Care: A-0557 (Medical, Mental Health, Dental Staff)				
	Number of Staff Requiring Training	0	Number of Staff Trained	0	0%
				0	0
2.	Have designated staff received formal interagency training (OCC/DOR) in each of the following?:				
	a. Health Care Appliances: A-1170 (Custody Staff in ASU/SHU/R&R)				
	Number of Staff Requiring Training	337	Number of Staff Trained	221	66%
				20	13
	b. Effective Communication: A-1171 (Correctional Counselors/Health Care Staff)				
	Number of Counseling Requiring Training	63	Number of Staff Trained	52	83%
				20	17
	Number of Health Care Staff Requiring Training	199	Number of Staff Trained	146	73%
				20	15
3.	Do lesson plans for Staff Assistants include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10
				10	10
4.	Do lesson plans for Investigative Employees include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10
				10	10
5.	Does training for Hearing Officers and Senior Hearing Officers include existing policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10
				10	10
<b>Total</b>				150	121

**DISABILITY PLACEMENT PROGRAM  
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**D. DPP PROCESS VERIFICATION**

				Value	Score
1.	Does the bus screening process include an interview to determine whether the inmate has a disability?				
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
				10	10
2.	If the interview indicates that the inmate may have a disability, does the nurse refer the inmate for medical verification if needed?				
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
				10	10
3.	Does the Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary contain information about the inmate's disability?				
	Number Reviewed	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>
				10	0
4.	If the RC stay is extended and the inmate is DPX or dialysis, is there a CDC 128G addressing the Privilege Group (PG) on the 61 <sup>st</sup> day?				
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
				0	0
5.	When granted, are inmates receiving their privileges?				
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
				0	0
6.	Are inmates who have impacting disabilities transferred within seven days from a Reception Center with a mission that is inconsistent with the inmate's disability?			y	
				10	10
7.	Is the Expedited Transfer process being followed for General Population inmates that have disabilities that impact their placement?			y	
				10	10
8.	Is there a CDC Form 128 G documenting DPP status and placement?				
	Number Reviewed	<u>12</u>	Number OK	<u>1</u>	<u>8%</u>
				10	1
9.	Does the Classification Committee consider the inmate's limitations as documented in the CDC Form 128 C or CDC 7410 when considering program assignments?				
	Number Reviewed	<u>6</u>	Number OK	<u>2</u>	<u>33%</u>
				10	3
10.	Are inmates evaluated for community-based programs (Camp, FFTP, DTF, CPMP) based on the application of criteria in ARP II.H and IV. K.?				
	Number Reviewed	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>
				10	10
11.	If the DPx inmate is on Medically Unassigned or Medically Disabled status, is there a CDC Form 128G reflecting a classification committee's review of limitations listed on a CDC Form 128 C and/or CDC Form 7410?				
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
				0	0



**DISABILITY PLACEMENT PROGRAM  
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**D. DPP PROCESS VERIFICATION**

Value      Score

- 12    Are inmates designated as DPH, DPS, DNH, and DNS interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication?

Number Reviewed      14      Number OK      8      57%

Comments:

Comments:

20	11
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- 14    Does the CDC Form 1515 (Rev 05/01) document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists?

Number Reviewed      5      Number OK      2      40%

Comments:

10	4
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Total	110	69
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
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**E. PHYSICAL PLANT AND MAINTENANCE**

		Value	Score
1. Does the institution have a written procedure regarding how work orders for ADA features are processed?	0	0	0
Comments:			
2. Does the written procedure contain specific duties for the following staff?			
a. Correctional Plant Manager	0	0	0
b. ADA Coordinator	0	0	0
c. SAPMS Manager	0	0	0
d. Area Supervisors (custody & non-custody)	0	0	0
3. Does the institution have procedures in place that requires a daily check of accessible features, assets and path of travel in housing units and program areas?	0	0	0
4. Are staff aware of the procedure to identify non ADA/general work orders discrepancies to ADA accessible features/assets?			
Number Interviewed <u>0</u> Number OK <u>0</u> 0%		0	0
Comments:			
5. Do employees complete daily inspections and ADA work order request forms by identifying the discrepancies, noting "ADA" on the upper portion of the request, sign and route to their supervisor during their shift?			
Number Reviewed <u>0</u> Number OK <u>0</u> 0%		0	0
Comments:			
6. Are all the ADA work orders for repairs input into the SAPMS system and given priority status?			
ADA Work Orders			
Number Reviewed <u>0</u> Number OK <u>0</u> 0%		0	0
General Work Orders			
Number Reviewed <u>0</u> Number OK <u>0</u> 0%		0	0
Comments:			
7. Do the supervisors review the work order request forms for accuracy, sign and route the originals to the correctional plant manager and a copy to the ADA Coordinator within the same day the work order request was received or by the next business day if the work order request was submitted during non-business hours, weekends, or holidays?			
Number Reviewed <u>0</u> Number OK <u>0</u> 0%		0	0
Comments:			
8. Does the ADA Coordinator use the current SAPMS Open Work Order Report to update the "ADA State of Repair Report" and to provide daily oversight of pending ADA repairs and alternative accommodations?		0	0
Comments:			

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**E. PHYSICAL PLANT AND MAINTENANCE**

	Value	Score
10. Does the SAPMS manager submit the SAPMS Open Work Order Report to the ADA Coordinator monthly? Comments:	0	0
11. Does the SAPMS manager or designee input ADA work order data within 24 hours of receipt and determine priority utilizing the appropriate SAPMS shop code?  Comments:	0	0
12. Does the Appeals Coordinator contact the ADA Coordinator to inform him/her of an inmate's claim on a CDC 602/1824 of an inoperable ADA accessible feature/asset? Comments:	0	0
13. Once the ADA Coordinator is notified by the Appeals Coordinator, has a ADA work order been generated?  Appeals Reviewed with <u>0</u> Number with <u>0</u> 0% Inoperable Features Work Orders Comments:	0	0
14. Does the ADA Coordinator send the current ADA State of Repair Report to the OCC Correctional Administrator and the respective Associate Director by the 15th of each month? Comments:	0	0
15. Does the ADA Coordinator track, follow-up and monitor the status of ADA repairs? Comments:	0	0
16. Is there a written procedure that instructs supervisors to move an inmate or provide an alternative accommodation if the repair of an ADA feature cannot be accomplished within 24 hours? Comments:	0	0
17. Does the ADA Coordinator track whether accessible alternatives have been provided when ADA repairs have not been made within 24 hours? (Review all cases)  Number Reviewed <u>0</u> Number OK <u>0</u> 0% Comments:	0	0
<b>Total</b>	0	0

**DISABILITY PLACEMENT PROGRAM  
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**F. APPEALS**

					Value	Score
1.	If the Appeals Coordinator position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?		y		20	20
2.	If the Medical Appeals Analyst position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?		y		20	20
	Comments:					
3.	Are CDC 1824s available to inmates in the following areas?					
	a. GP housing units (including Mental Health)	11	Number OK	11	100%	10 10
	b. Medical Housing	2	Number OK	2	100%	10 10
	c. Libraries	1	Number OK	1	100%	10 10
	d. Law Library	1	Number OK	1	100%	10 10
	e. Special Housing	6	Number OK	6	100%	10 10
4.	Are appeal boxes emptied daily and the CDC Form 1824s forwarded to the Appeals Office? For Prisons that do not have appeal boxes, are CDC Form 1824s routed through the institution mail, delivered to the mail room and forwarded to the Appeals Office daily?					
	a. GP housing units (including Mental Health)	11	Number OK	11	100%	10 10
	b. Medical housing	2	Number OK	2	100%	10 10
	c. Special Housing	6	Number OK	6	100%	10 10
5.	Are CDC 1824 response due dates assigned based upon the date the appeals office receives the appeal?					
	Number Reviewed	73	Number OK	68	93%	20 19
6.	Are CDC 1824s being sent to the appropriate division head for response?					
	Number Reviewed	75	Number OK	65	87%	20 17
7.	Are CDC 1824s referred to medical for verification when required?					
	Number Reviewed	70	Number OK	70	100%	20 20
8.	Are staff following the ARP process for medical verification?					
	Number Reviewed	5	Number OK	0	0%	20 0
9.	Are temporary (interim) accommodations granted when appropriate?					
	Number Reviewed	1	Number OK	1	100%	20 20
10.	Are the CDC 1824 responses complete, thorough and address all ADA issues?					
	Number Reviewed	75	Number OK	75	100%	20 20
	Comments:					
	c. 1 <sup>st</sup> Level Medical?	131	Number OK	113	86%	10 9
	d. 2 <sup>nd</sup> Level Medical?	11	Number OK	3	27%	10 3
12.	If the appeal was rejected (not processed as ADA) was the rejection based upon the criteria in ARP IV.I.23.b; CCR 3084.3 (c)?					
	Number Reviewed	40	Number OK	37	93%	20 19
13.	If the appeal issue involved a major life activity, safety, effective communication for due process or medical, or otherwise meets the criteria outlined in CCR 3084.7a, was it processed as an emergency appeal?(Waived 1st Level and 2nd Level completed in 5 working days)					
	Number Reviewed	1	Number OK	1	100%	20 20

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**F. APPEALS**

	Value	Score
Total	300	267

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**G. HOUSING**

1. Are the DEC DPP housing rosters distributed to the housing units, R&R, Medical/Dental, Mental Health and Education at least weekly?

Value      Score

GP Housing Units	<u>10</u>	Number OK	<u>10</u>	<u>100%</u>
Medical Housing	<u>2</u>	Number OK	<u>0</u>	<u>0%</u>
Clinics	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>
Education/Vocation Supervisor	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
Special Housing	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>

5	5
5	0
5	5
5	5
5	5

2. Are all DPP inmates housed according to their housing restrictions?

a. DPW cells/bed?

GP Housing Units (including Mental Health)	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
Special Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>

15	15
0	0

b. DPP with Lower Bunk Chrono?

GP Units reviewed	<u>9</u>	Number OK	<u>9</u>	<u>100%</u>
Special Housing	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>

10	10
10	10

c. DPP with Lower Tier Chrono?

GP Units reviewed	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>
Special Housing	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>

10	10
10	10

d. Ground floor?

GP Housing Units (including Mental Health)	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
Special Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>

0	0
0	0

3. Are the ADA posters (with the PLO & RBG address) displayed in locations that are in plain sight to the inmates.

GP Housing Units (including Mental Health)	<u>11</u>	Number OK	<u>11</u>	<u>100%</u>
Special Housing	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>
Medical Housing	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>
Law Libraries Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
Libraries Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>

5	5
5	5
5	5
5	5
5	5

Total

105	100
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
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**H. EFFECTIVE COMMUNICATION**

	Value	Score
1. The following questions refer to the inmate libraries:		
a. Is the law library accessible for mobility impaired inmates?		
Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
b. Does the law library contain materials in alternative formats, e.g., large print ARP, audio, Braille?		
Reviewed <u>1</u> Number OK <u>1</u> <u>100%</u>	5	5
c. Is the recreational library accessible for mobility impaired inmates?		
Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
d. Does the recreational library contain materials in alternative formats? e.g., large print ARP, audio, Braille?		
Reviewed <u>1</u> Number OK <u>1</u> <u>100%</u>	5	5
e. Is there a written procedure for access to library equipment?		
Reviewed <u>2</u> Number OK <u>2</u> <u>100%</u>	5	5
f. Are CDC Form 1824s available in the library?		
Reviewed <u>2</u> Number OK <u>2</u> <u>100%</u>	5	5
g. Are electronic reader machines in good working condition, e.g. Galileo?		
Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
h. Does the library have a magnifier in good working condition?		
Reviewed <u>2</u> Number OK <u>2</u> <u>100%</u>	5	5
i. Does the library have information on tapes/CDs?		
Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
2. Does the Education Department maintain a tracking system of TABE scores and distribute the TABE 4.0 or Lower List to the Division Heads weekly?	y	20
3. Does the Division Head distribute the TABE 4.0 or Lower List to the appropriate staff?		
Interviewed <u>5</u> Number OK <u>5</u> <u>100%</u>	20	20
4. Does the Education Department maintain an LD list and distribute it to all Division Heads on a weekly basis?	y	20
5. Does the Division Head distribute the LD list to the appropriate staff?		
Interviewed <u>5</u> Number OK <u>2</u> <u>40%</u>	20	8
6. Does the Education Department issue a CDC 128-B LD Chrono when an inmate is placed on the LD list?	y	20

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**H. EFFECTIVE COMMUNICATION**

Value Score

7. Is effective communication documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D)? (ARP II.E.2 and Eff. Comm. Memo Revised, dated October 22, 2003)

a. Classification Chronos (CDC 128 G)

c. Administrative Segregation Unit Placement Notices (CDC 114-D)

Reviewed 3 Number OK 0 0%

20	0
----	---

d. Rule Violation Report (CDC 115)

Reviewed 10 Number OK 2 20%

20	4
----	---

e. Investigative Employee Report

Reviewed 1 Number OK 0 0%

20	0
----	---

- 8 Are health care providers documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists?

a. Medical (Generated at Institution):

Number Review 153 Number OK 2 1%

10	0
----	---

b. Dental (Generated at Institution):

Number Review 79 Number OK 0 0%

10	0
----	---

c. Mental Health (Generated at Institution):

Number Review 37 Number OK 0 0%

10	0
----	---

- 9 Are staff in the housing units willing to assist inmates with reading or scribing documents related to CDCR programs, services, and activities?

GP Units 11 Number OK 11 100%

10	10
----	----

Spec. Housing 6 Number OK 6 100%

10	10
----	----

- 10 Are Sign language interpreters provided to hearing and speech disabled inmates for due process events and clinical encounters when required?

a. Due Process

Reviewed 0 Number OK 0 0%

0	0
---	---

b. Clinical Encounter

b.1 Medical (Generated at Institution):

Reviewed 0 Number OK 0 0%

0	0
---	---

b.2 Dental (Generated at Institution):

Reviewed 0 Number OK 0 0%

0	0
---	---

b.3 Mental Health (Generated at Institution):

Reviewed 0 Number OK 0 0%

0	0
---	---

Total

235	137
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
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**I. DISABILITY VERIFICATION**

						Value	Score			
1.	Is Section B of the CDC Form 1845 completed correctly?									
	Number Reviewed	<u>40</u>	Number OK	<u>38</u>	<u>95%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
2.	Is section C and/or D of the CDC Form 1845 completed correctly?									
	Number Reviewed	<u>40</u>	Number OK	<u>40</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
3.	Is Section F (if applicable) of the CDC Form 1845 completed correctly?									
	Number Reviewed	<u>5</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>10</td><td>0</td></tr></table>	10	0		
10	0									
4.	Is there a corresponding CDC 128C or CDC 7410 listing physical limitations or assistance with daily living needs?									
	Unit Health Record	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>10</td><td>0</td></tr></table>	10	0		
10	0									
	Central File	<u>28</u>	Number OK	<u>18</u>	<u>64%</u>	<table><tr><td>10</td><td>6</td></tr></table>	10	6		
10	6									
5.	Is the CDC 128B EC Chrono attached to the CDC 1845 for inmates with hearing and speech disabilities in the C File and UHR?									
	Unit Health Record	<u>2</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>10</td><td>0</td></tr></table>	10	0		
10	0									
	Central File	<u>16</u>	Number OK	<u>13</u>	<u>81%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8		
10	8									
6.	Is there a written procedure for performing maintenance, repairs and replacement of health care appliances (excluding wheelchairs)?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
7.	Are staff following the written procedure for performing maintenance and repairs of health care appliances (excluding wheelchairs)?									
	Number Reviewed	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
8.	Is there a written procedure for performing maintenance, repairs and replacement of wheelchairs?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
9.	Are staff following the written procedure for performing maintenance and repairs of wheelchairs?									
	Medical	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**I. DISABILITY VERIFICATION**

Value      Score

- 10 Are hearing aid batteries and other health care supplies, e.g., catheters, diapers, (not wheelchairs) etc., readily available for inmates as prescribed by Health Care Services?

GP Housing	<u>10</u>	Number OK	<u>10</u>	<u>100%</u>
Medical Housing	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>
Special Housing	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>
Number Reviewed	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>

10	10
10	10
10	10

10	10
----	----

- 12 Are special order health care appliances delivered to the inmate within 10 days of arrival to the institution?

Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
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10	10
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- 13 Are prescribed health care appliances approved by the Correctional Captain and Health Care Managers or designee for approval?

y	10	10
---	----	----

Total	170	134
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**DISABILITY PLACEMENT PROGRAM  
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**J. DEC SYSTEM**

		Value	Score
1. Is the C&PR and/or CCIII/RC using the DEC to track DPP inmates based on the CDC 1845? Comments:	<input type="text" value="y"/>	<input type="text" value="20"/>	<input type="text" value="20"/>
2. Are CDC 1845s received by the C&PR and/or CCIII/RC within 72 hours of verification or the inmate's arrival from another institution? Comments:	<input type="text" value="y"/>	<input type="text" value="20"/>	<input type="text" value="20"/>
3. Are CDC 1845s entered into the DEC within 24 hours of receipt? Comments:	<input type="text" value="y"/>	<input type="text" value="20"/>	<input type="text" value="20"/>
Total		<input type="text" value="60"/>	<input type="text" value="60"/>

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
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**K. ACCESSIBILITY OF PROGRAMS**

				Value	Score
1.	The following questions apply to Transportation and Receiving and Release operations.				
	a. Are inmates transported with their health care appliances?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	b. Are inmates allowed to retain their health care appliances?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	c. Are health care appliances listed on the inmate's property card?				
	Number Reviewed	1	Number OK	0	0%
				10	0
	d. Are inmates initially housed according to their housing restrictions?				
	Number Reviewed	1	Number OK	1	100%
				10	10
	e. Are accessible vehicles used for inmates who require assistance?				
	Number Reviewed	1	Number OK	1	100%
				10	10
2.	Is the following information included in orientation for all inmates?				
	a. The purpose of the Disability Placement Program.		Y	5	5
	b. Availability of the CCR, ARP and similar printed materials in accessible formats.		Y	5	5
	c. Accommodations available to qualified inmates, e.g. sign language interpreters for due process events and clinical contacts		Y	5	5
	d. Availability of TDDs and volume controlled phones.		N	5	0
	e. Access to inmate/staff scribes or readers and availability of specialized library equipment.		Y	5	5
	f. The CDC 1824 process.		Y	5	5
	g. The process of personal notification by staff of visits, ducats, etc.		N	5	0
	h. Access to closed captioned TV in the housing unit.		0	0	0
	i. Verified case-by-case medical exceptions to institutional count procedures.		N	5	0
	j. Information regarding emergency alarms, evacuations, written announcements and notices.		N	5	0
3.	Is orientation communicated effectively (alternative formats)?				
	Number Reviewed	1	Number OK	0	0%
				5	0
4.	Is the institution utilizing a separate TDD sign in sheet?				
	Number Reviewed	11	Number OK	11	100%
				5	5
5.	Is access to the TDD phone the same as the regular telephone?				
	Number Reviewed	11	Number OK	11	100%
				5	5
6.	Indicate which program features are available to inmates in general population?				
	a. TV - closed captioning (VHS institutions)				
	Number Reviewed	0	Number OK	0	0%
				0	0

**DISABILITY PLACEMENT PROGRAM  
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San Quentin Week of September 28 - October 1, 2009**

**K. ACCESSIBILITY OF PROGRAMS**

					Value	Score		
b. Inmate Assistants (designated mobility & V,H,S institutions)								
Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
c. Volume Control Telephones								
Number Reviewed	<u>11</u>	Number OK	<u>11</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
7. Do the POST Orders include the following DPP information?								
a. Announcing count, movement, etc. for DPH and DPV inmates								
Number Reviewed	<u>18</u>	Number OK	<u>11</u>	<u>61%</u>	<table><tr><td>5</td><td>3</td></tr></table>	5	3	
5	3							
b. Emergency/Evacuation Procedures								
Number Reviewed	<u>18</u>	Number OK	<u>13</u>	<u>72%</u>	<table><tr><td>5</td><td>4</td></tr></table>	5	4	
5	4							
8 Are ID Photos of DPx inmates kept with current housing unit rosters?								
Number Reviewed	<u>6</u>	Number OK	<u>3</u>	<u>50%</u>	<table><tr><td>10</td><td>5</td></tr></table>	10	5	
10	5							
9. Is the institution complying with the Identification Vest Policy?								
Number Reviewed	<u>18</u>	Number OK	<u>16</u>	<u>89%</u>	<table><tr><td>10</td><td>9</td></tr></table>	10	9	
10	9							
10. Do inmates that are temporarily housed in a health care setting due to lack of accessible housing or require assistance with daily living (ADL) have reasonable access to equivalent programs and activities consistent with their custody and privilege groups?								
Number Reviewed	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
11. Are inmate body searches conducted pursuant to policy and include special accommodations for DPW/DPM/DPO inmates and inmates with prosthetic limbs?								
Number Reviewed	<u>18</u>	Number OK	<u>18</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Comments:								
12. The following questions refer to health care appliances in ASU/SHU/PSU/PHU/MOHU and Condemned:								
a. Are appliances permitted for in-cell use?								
Number Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
b. If permitted and removal becomes necessary:								
i. Is the removal due to an immediate direct threat, or collected as evidence for a crime or investigation?								
Number Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
ii. Does custody staff contact medical staff for an evaluation for alternate in-cell accommodation?								
Number Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION  
San Quentin Week of September 28 - October 1, 2009**

**K. ACCESSIBILITY OF PROGRAMS**

					Value	Score
iii. Is the warden or designee contacted for approval?						
Number Reviewed	6	Number OK	6	100%	10	10
iv. Does the ICC confirm the removal?						
Number Reviewed	6	Number OK	6	100%	10	10
v. Is the HCA or interim accommodation available to the inmate for in cell and out of cell use as prescribed?						
Number Reviewed	6	Number OK	6	100%	10	10
c. Is the HCA poster in staff view?						
Number Reviewed	6	Number OK	6	100%	10	10
d. When a HCA is retained for out of cell use, is it stored in an area accessible for staff to retrieve for the inmate's use?						
Number Reviewed	6	Number OK	6	100%	10	10
13. Indicate which program features are accessible to disabled inmates within the ASU:						
a. Law Library						
Number Reviewed	5	Number OK	5	100%	5	5
b. Exercise program						
Number Reviewed	5	Number OK	5	100%	5	5
c. Fixed shower bench and shower hose (Designated Institutions)						
Number Reviewed	0	Number OK	0	0%	0	0
d. Access to Shower Chairs (Non Designated Institutions)						
Number Reviewed	5	Number OK	5	100%	5	5
14. Is visiting, including areas for attorneys visits, accessible and contain volume controlled phones or writing materials for inmates and the public?						
a. Accessible						
Number Reviewed	0	Number OK	0	0%	0	0
b. Telephone Volume Control/Writing Materials						
Number Reviewed	1	Number OK	1	100%	5	5
15. Is at least one family visiting unit accessible?						
Number Reviewed	0	Number OK	0	0%	0	0
16. Is the BPH conference room wheelchair accessible, and is a TDD/TTY device available for inmates and the public?						
a. Accessible						
Number Reviewed	0	Number OK	0	0%	0	0
b. TDD/TTY Device Available						
Number Reviewed	1	Number OK	1	100%	5	5
17. Is there a wheelchair assigned to the BPH Conference Room?						
Number Reviewed	0	Number OK	0	0%	0	0
Total					265	221

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

INMATE  
APPEALS

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

INMATE APPEALS BRANCH

# INMATE APPEALS AUDIT EXECUTIVE SUMMARY

*San Quentin State Prison*  
**September 28 – October 2, 2009**

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 98. All areas and their results are listed below.

<b>OVERALL RATING</b>	<b>98</b>
A. ACCESS TO INMATE APPEALS	100
B. TRACKING/FILING APPEALS	100
C. PREPARATION OF APPEALS	96
D. TIMEFRAMES	90
E. APPEAL RESPONSES	99
F. SPECIALIZED PROCESSING OF APPEALS	100
G. TRAINING and OFFICE STAFFING	100
H. CURRENT OVERDUE APPEALS	100



Corrective Action areas are:

### C. Preparation of Appeals

1. Are inmates interviewed at the First Level of Review or at the Second Level if the first level is waived? Pursuant to CCR 3084.5(f) and DOM 54100.14 staff are required to interview all inmates for appeals

The low score in this section is due mostly to staff not interviewing the inmate at the First Level or at the Second Level when the First Level is granted.

2. Do the dates on the appeal correspond with the dates on the IATS?

The low score in this section is due mostly to the 602 “Completed dates” or “Returned to Inmate date”, either not being completed.

- Pursuant to DOM 54100.9 the dates on the appeal will correspond with the dates on the IATS

A review of the appeals indicate they are complete, all dates included, and signatures included (all blanks filled in appropriately) on the CDC Form 602.

The lower score in this question is the result of dates missing on the First and Second Level 602. Some of the appeals were missing the “Returned the inmate date,” the “Assigned date,” “Staff signature,” and “Due date,” on the appeal forms.

- Pursuant to DOM 54100.3 all blanks are to be filled in appropriately on the CDC Form 602

### D. Timeframes

1. The low score in this section is due to appeals not having the assigned date filled in on the 602s; therefore the Auditors were unable to determine the actually assigned date.

- Pursuant to DOM 54100.9 all appeals will be assigned with five working days received in the Appeals Office

2. The low score in this section is due to the “Returned date” not being filled in on the 602s. Pursuant to CCR 3084.6(b)(1) all Informal appeals are to be completed within ten working days

3. The low score in the area is due to the 602 not having a “Completed/Returned to inmate date to determine if the appeal was overdue or not.

- Pursuant to CCR 3084.6(b)(2) all first level responses are to be completed within 30 working days

4. The low score in this area is due to 602 not having a “Completed/Returned to inmate date” to determine if appeal was overdue or not.
  - Pursuant to CCR 3084.6(b)(3) Second Level responses are to be completed within 20 working days, or 30 working days if First Level is waived pursuant to Section 3084.5.(c)

•

#### **E. Appeal Responses**

2. The low score in this area is due to First Level Reviews on Classifications, Case Records, and/or Funds appeals, not restating the reason for the specific decisions being rendered. Specifically, the First Level Review contained only the CCR Section without demonstrating a nexus to the allegation.
  - Pursuant to CCR 3084.5(g) and DOM 54100.15 the institution is to prepare a written response at the First Level of Review stating the appeal issue.

**INMATE APPEALS AUDIT**

**San Quentin State Prison**

**September 28, 2009- October 2, 2009**

**Reviewer:** S. Wright, Facility Captain, Inmate Appeals Branch  
D. Artis, Facility Captain, Inmate Appeals Branch

**SUMMARY CHART**

AREA REVIEWED		COMPLIANCE RATING 2009
	Percentage	Page No.
<b>OVERALL RATING</b>	<b>98%</b>	1
A. ACCESS TO INMATE APPEALS	100%	2 -3
B. TRACKING/FILING APPEALS	100%	4
C. PREPARATION OF APPEALS	96%	5
D. TIMEFRAMES	90%	6
E. APPEAL RESPONSES	99%	7
F. SPECIALIZED PROCESSING OF APPEALS	100%	8
G. TRAINING and OFFICE STAFFING	100%	9
H. OVERDUE APPEALS	100%	10

# INMATE APPEALS AUDIT

San Quentin State Prison  
September 28, 2009 - October 2, 2009

*The findings in this Inmate Appeals Compliance Review resulted in an overall score of 98%. All areas are listed below with applicable notations.*

*It should be noted that staff interviewed were knowledgeable, familiar with the established departmental and institutional policies and procedures, relative to the appeals process: Genena Alexander, Office Technician, Sodie Bonneville, Office Assistant, Don Padilla, Correctional Counselor II Appeals Coordinator, and Adrienne Thompson Correctional Counselor II Supervisor were able to locate documents needed for the Review and provided information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.*

The specific sections and their corresponding questions and scores are identified below.

Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:	Section Rating:	100
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- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]

18 sample # 18 # correct = 100 %      Question Rating: 50      Score: 50

*All housing units and the libraries had a good supply of both CDC form 602s (Spanish and English), 602 HCs, and 1824s. Staff were very helpful in providing these forms to the Review Team.*

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and any facility appeal supplement in each inmate law library? [DOM Section 53060.11,54100.3]

4 sample # 4 # correct = 100 %      Question Rating: 10      Score: 10

- 3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes      Question Rating: 20      Score: 20

# INMATE APPEALS AUDIT FINAL REPORT

SQ

September 28-Oct 2, 2009

Page 3 of 11

*Upon arrival to the institution, the inmates at San Quentin State Prison are now provided a "Fish Kit;" which includes an Orientation Handbook and a California Code of Regulations, Title 15 (CCR). The Inmate Appeals Process is explained in both of these booklets. The R&R provides both written and verbal orientation (DVD) to each inmate upon arrival to the institution. This presentation is provided daily by the R&R officers and supervised by the R&R Sergeant.*

- 4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]**

Yes

Question Rating: 20      **Score: 20**

*The orientation process for SQ is standardized throughout the institution.*

- 5) Does the institution provide the CDC Form 602 in both English and Spanish?**

Yes

Question Rating: 0

**SECTION POINT TOTAL**

**100**

INMATE APPEALS AUDIT  
FINAL REPORT

**B. TRACKING AND FILING APPEALS**

**Section Rating: 100**

- 1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]**

Yes

Question Rating: 15      **Score: 15**

- 2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]**

100 sample # 100 # correct = 100 %      Question Rating: 25      **Score: 25**

- 3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

24 sample # 24 # correct = 100 %      Question Rating: 25      **Score: 25**

- 4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?  
[CCR 3084.6, DOM 54100.12]**

Yes

Question Rating: 35      **Score: 35**

**SECTION POINT TOTAL 100**

INMATE APPEALS AUDIT  
FINAL REPORT

<b>C. PREPARATION OF APPEALS</b>	<b>Section Rating</b>	<b>96%</b>
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**1) Are inmates interviewed at the first level of review or at second level if first level is waived? [CCR 3084.5 (f) and DOM 54100.14]**

100 sample # 96 # correct = 96 %      Question Rating: 25      **Score: 24**

**2) Do the dates on the appeal correspond with the dates on the IATS?**  
[DOM Section 54100.9]

100 sample # 96 # correct = 96 %      Question Rating: 25      **Score: 24**

*The low score in this section is due mostly to the 602 completed dates, or returned to inmate date, either not being competed.*

**3) A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)? [DOM Section 54100.3]**

100 sample # 93 # correct = 93 %      Question Rating: 25      **Score: 23**

*The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.*

**4) Is there evidence that appeal decisions are reviewed by the institution head or his/her designee? ?[CCR 3084.5(e)(1)]**

100 sample # 100 # correct = 100 %      Question Rating: 25      **Score: 25**

**SECTION POINT TOTAL 96**

INMATE APPEALS AUDIT  
FINAL REPORT

**D. TIMEFRAMES**

**Section Rating: 90**

- 1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office? [DOM 54100.9]**

100 sample # 95 # correct = 95 %

Question Rating: 25      **Score: 24**

*Several appeals reviewed showed only a "Received date", and lacked a "Assigned date," so the Auditor assumed the appeals were not assigned within five days of receipt.*

- 2) Are informal appeals completed within ten working days?  
[CCR 3084.6 (b)(1)]**

26 sample # 21 # correct = 81 %

Question Rating: 25      **Score: 20**

*The low score in this area is due to the "Returned date" not being filled in on the 602.*

- 3) Are first-level responses completed within 30 working days?  
[CCR 3084.6 (b)(2)]**

78 sample # 73 # correct = 94 %

Question Rating: 25      **Score: 23**

*The low score in this area is due to the 602 not having a "Completed/Returned to inmate date" to determine if the appeal was overdue or not.*

- 4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]**

32 sample # 29 # correct = 91 %

Question Rating: 25      **Score: 23**

*The low score in this area is due to 602s not having a "Completed/Returned to inmate date" to determine if appeal was overdue or not.*

**SECTION POINT TOTAL 90**



INMATE APPEALS AUDIT  
FINAL REPORT

**E. APPEAL RESPONSES**

**Section Rating: 99**

- 1) **Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

78 sample # 78 # correct = 100 %      Question Rating: 25      **Score: 25**

- 2) **Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

78 sample # 75 # correct = 96 %      Question Rating: 25      **Score: 24**

The low score in this area is due to First Level Reviews on Classifications, Case Records, and/or Funds not restating the reason for the specific decisions being rendered. Specifically, the First Level Review contained only the CCR Section without demonstrating a nexus to the allegation.

- 3) **Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

32 sample # 32 # correct = 100 %      Question Rating: 25      **Score: 25**

- 4) **Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

32 sample # 32 # correct = 100 %      Question Rating: 25      **Score: 25**

**SECTION POINT TOTAL 99**

INMATE APPEALS AUDIT  
FINAL REPORT

<b>F. SPECIALIZED PROCESSING OF APPEALS</b>	<b>Section Rating: 100</b>
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STAFF COMPLAINTS  
CDC FORM 1824s  
APPEAL RESTRICTION

*STAFF COMPLAINTS*

- 1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations.)

Yes

Question Rating: 20      Score: 20

- 2) Is the institution keeping Staff Complaints for a period of five years?  
[DOM 54100.25.5 and Penal Code 832.5(b)]

Yes

Question Rating: 20      Score: 20

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]

Yes

Question Rating: 20      Score: 20

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 98/10]

Yes

Question Rating: 20      Score: 20

*APPEAL RESTRICTION*

- 5) Is there evidence of authorization from Inmate Appeals Branch (IAB) to support each inmate placed on appeal restriction as listed on the IATS? [CCR 3084.4(3), (4)]

Yes      Question Rating: 20      Score: 20

**SECTION POINT TOTAL 100**

INMATE APPEALS AUDIT  
FINAL REPORT

**G. TRAINING/OFFICE STAFFING**

**Section Rating: 100**

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

Yes

Question Rating: 20      **Score: 20**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

Yes

Question Rating: 30      **Score: 30**

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

Yes

Question Rating: 30      **Score: 30**

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(a) and 3041(e)(1)]**

Yes

Question Rating: 20      **Score: 20**

*There is no inmate assigned in the Appeals Office*

**SECTION POINT TOTAL 100**

# INMATE APPEALS AUDIT FINAL REPORT

## H. OVERDUE APPEALS

**Section Total: 100**

- 1) What is the number of overdue First Level appeals and by how many days late?**  
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

**Question Rating: 50**  
**Points deducted: 0**  
**Score: 50**

- 2) What is the number of overdue Second Level appeals and by how many days late?**  
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

**Question Rating: 50**  
**Points deducted: 0**  
**Score: 50**

### **APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):**

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	0	.50	0
91-180	0	.75	0
181+	0	1	0

**# of Appeals: 0**      **Points Deducted: 0**      **Score: N/A**

**SECTION POINT TOTAL 100**

## INMATE APPEALS AUDIT FINAL REPORT

**ADDITIONAL AREAS OF REVIEW:** This portion of the audit tool has been added in September 2006. These areas of the institution will be reviewed for information gathering; however, scores will not be obtained.

### **1. Law Library access for SHU and ASU inmates:**

- a) What is the process for allowing SHU and ASU inmates access to the law library?  
[CCR 3122, 3160, 3164, 3343]

*The process for inmates to access the Law Library is either by Inmate Request Form, ducats, or by receiving in-cell study material when the Law Library is unavailable. .*

- b) How often do these inmates have access to the law library?

*The Adjustment Center inmates are afforded access to the Law Library twice on Wednesdays. The ASU (South Block) Carson inmates are afforded access to the Main Law Library, six days a week, twice a day. East Block inmates have access on Monday, Wednesday, and Friday twice a day. The North Block (Condemned) inmates are afforded Law Library access daily, twice a day.*

- c) How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

*PLU inmates receive first priority to the Law Library for two hours each week. GLU inmates The Carson ASU inmates receive access whenever there is availability, and also receive reading books which are passed out by custody staff.*

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION  
BED UTILIZATION REVIEW

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

CLASSIFICATION SERVICES

# **San Quentin State Prison**

**October 2, 2009**

## **ADMINISTRATIVE SEGREGATION UNIT BED UTILIZATION REVIEW**

The San Quentin State Prison (SQ) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of September 28, 2009 thru October 2, 2009 by Ed Donnelly and Jim Short, Classification Staff Representatives (CSR) from the Classification Services Unit (CSU) with the assistance of the following Ad Hoc staff Ben Desilagua, Correctional Counselor II (ASP), Sylvia Cordero, Correctional Counselor II (NKSP) and Wayne Raupe, Correctional Counselor II (RJD).

The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and thereby reduce overcrowding in ASU and reduce institution expenses due to the higher costs associated with ASU housing.

This review does not address legally required procedural safe-guards, often referred to as "Due Process" as a review in this area was conducted by a separate team.

Approximately 17% of the total ASU cases were reviewed. Attached is a breakdown of types of cases that were reviewed by the team.

### **SAMPLE IDENTIFICATION**

Of the total 375 inmates in ASU, 64 (17%) cases were reviewed for this audit. This total reflects both the Reception Center (RC) cases (275 total with 49 reviewed) and the General Population cases (100 total with 15 reviewed):

34 total cases (53%) were placed in Administrative Segregation based on a pending Disciplinary charge.

9 total cases (14%) were placed in Administrative Segregation based on a pending investigation of Safety concerns/needs.

21cases (33%) were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

**Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? Yes/No**

Yes. The institution has a tracking system for each ASU area (RC and GP) and the review team was provided a hard copy report that is generated from each system. The computer program that is utilized was discussed with the Correctional Counselor II (CCII) Supervisor over RC ASU, A. M. Debusk. CCII Debusk arrived at SQ within the last 6 months and has made dramatic improvement in the tracking of the Reception Center ASU cases by providing the computer program from DVI. This computer program contains numerous data fields that can be filtered various ways to provide useful information on cases that require ICC or CSR actions, reasons for ASU placement, or need follow-up on investigations or validations. The system data is entered by the ASU secretary from data supplied by the Correctional Counselor I following committee action and is audited by the CCII weekly. This system is viable and has established continuity so that the loss or absence of one or two staff should not disrupt the continuous tracking of the RC ASU cases.

**Comment:** Although there is no requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

## **GENERAL ASU CASE PROCESSING TIMES**

### **Period from Initial Placement in ASU to CSR Review**

*California Code of Regulations (CCR) 3335(c)(1) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.*

**California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.**

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR review ranged from 3 days to 32 days. Of the cases reviewed, 89% (57) met this expectation.

**It is the expectation that cases referred for ASU retention be presented to the CSR for review within 30 days of the Classification committee referral.**

Time from the initial ICC referral for CSR review to the actual CSR review ranged from 2 days to 371 days. Of the cases reviewed, 70% (45) met the 30 day expectation.



On January 28, 2009 the Director, via memorandum, changed the time frame for an ASU Institution Classification Committee – CSR referral chrono to be considered valid from the previous 90 day window to a 30 day window. Based on CSR observation the institution is meeting this new time window so the institution can expect that the percentage of cases meeting this expectation will increase dramatically on cases placed into ASU on, or after, January 28, 2009. The current sample included both cases placed in ASU prior to effective date of the change and after the change. 58 cases (91%) were presented to CSR within the allowed chrono-validity period of 90 days.

**When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review. The expectation is that all cases should be presented back to a CSR prior to the expiration of the ASU extension approved.**

Of the cases reviewed, 30 cases did not meet this expectation. This calculates to 53% compliance in this area. As noted, all cases in this review are over 30 days from ASU placement and all have had at least one ICC action making a referral to the CSR for an approved ASU extension.

## **DISCIPLINARY CASES**

### **Hearing Timelines**

*Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.*

#### **RVRs heard without postponement**

26cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 8 days to 127 days.

#### **RVRs heard with postponement pending DA action**

8 cases were examined that completed the full District Attorney and Court referral process.

Time from the date of the completion of the DA/Court action delaying the hearing to the date the RVR was heard ranged from 43 days to over 200 days, with one case from November 2008 still pending DA response.

NO cases were examined where the inmate initially postponed the hearing but at some time during the process rescinded the postponement.

On cases where the initial RVR was ordered reissued for rehearing the hearing data dates were collected from the reissued RVRs. The perceived time from the initial ASU placement to the RVR issue date is greater on these cases but the recorded time to complete the disciplinary process review including the subsequent ICC action reflects the institutions ability to complete the reviews within the required time frames.

### **Post-Hearing Processing Timelines**

*Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.*

No RVRs were dismissed and 4 cases had RVRs still pending.

#### **Hearing to Facility Captain Review:**

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 0 day to 50 days.

Of the cases reviewed, 76% met this expectation (25 of 34 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

**(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 5 working days.)**

#### **Facility Captain to Chief Disciplinary Officer Review:**

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 0 day to 21 days.

Of the cases reviewed, 88% met this expectation (30 of 34 cases). Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

**(Per the Deputy Director memorandum dated March 26, 2003, the expectation is this time will be within 3 working days.)**

#### **Chief Disciplinary Officer to ICC review:**

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 3 days to 156 days.

Of the cases reviewed, 65% met this expectation. This percentage appears low; however a number of cases in this sample were noted as having been reissued for a rehearing.

**(Per CCR 3335(d) (1) (2), upon resolution and ICC shall review the inmate's case within 14 days.)**

#### **Parole Violator Cases referred to the Board of Prison Terms (BPT) for review:**

None of the cases in the sample were referred to the Board for consideration of Revocation Extension. At least one case should have been referred but was not.

#### **Incident Report Processing**

*Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.*

#### **Incident Date to ISU Receipt of Incident Report:**

Date from incident occurrence to the date ISU received the Incident Report ranged from 0 day to 107 days.

Of the cases reviewed, 70% met this expectation (16 of 23).

**(Per the Deputy Director Memorandum dated March 26, 2003 the complete package will be presented to ISU within 21 calendar days.)**

#### **ISU Receipt of Incident Report to Referral to DA/ISU Screenout:**

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 0 days to 41 days. Of the cases examined, 61% of the cases met this expectation (14 of 23).

**(Per the Deputy Director memorandum dated March 26, 2003 the expectation is the time should not exceed 5 working days.)**

#### **DA Referral to Resolution:**

Date from DA referral to either rejection or acceptance of the case ranged from 2 days to 380 days. **(This is one area that the institution has no definitive control over, however, it is**

**suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

### **SAFETY CONCERNS**

*When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.*

9 cases were reviewed that were placed into Administrative Segregation based on the need for investigation of safety concerns.

#### **Investigation initiation to Completion:**

Time from the date of ASU placement to the date the investigation was completed ranged from 0 day to 138 days.

Of the cases reviewed, 33% met this expectation (3 of 9 cases). Two cases where the inmates have been housed in ASU over 120 days are still pending completion. Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

**(Per the Deputy Director Memorandum dated March 26, 2003 the expectation of the investigation duration should not exceed 30 calendar days)**

#### **Investigation Completion to ICC Review:**

Time from the date of investigation completion to the date ICC was completed ranged from 0 day to 57 days.

Of the cases reviewed, 66% met this expectation (6 of 9 cases). Two cases are still pending completion. Note that in the collection of the data weekend days were not considered so the number of cases meeting the expectation may be greater than indicated.

**(Per CCR 3335(d) (1) (2), upon resolution and ICC shall review the inmate's case within 14 days.)**

### **GANG INVESTIGATION/VALIDATION/DEBRIEFING**

*When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the*

*investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Law Enforcement Liaison Unit (LEIU) and the time to review and conclude the issue by ICC and CSR.*

There were 21 cases reviewed that were placed into Administrative Segregation based solely on Gang Investigation/Validation/Debriefing. One case that was initially placed in ASU for a Disciplinary issue was, at the completion of the disciplinary, retained in ASU for investigation as a Prison Gang associate. All data was recorded under disciplinary data as the original placement was disciplinary related.

ASU Placement to Referral to IGI for Investigation:

Time from the date of initial ASU placement to the date of referral to IGI for investigation had no range (0 Days) at it appeared that the IGI was the placement authority so began the investigation on the date of placement.

Initiation of IGI investigation to Conclusion of Investigation:

Time from the date of initiation of investigation to the date of submission to the Office of Correctional Safety (OCS) ranged from 0 day to 238 days.

Time from the date of submission to OCS to receipt of the CDC 128B-2, Prison Gang Validation, document ranged from 2 days to 203 days.

Conclusion of Investigation to ICC Review:

Time from the date of investigation completion to the date ICC was not tracked as part of the audit tool but appears to meet the department expectations in most cases.

**(Per CCR 3335(d) (1) (2), upon resolution and ICC shall review the inmate's case within 14 days.)**

**NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER**

As of October 1, 2009 there are 375 inmates housed in ASU. Documentation presented by ASU staff indicates that there are **55** cases that are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for a range of **9** days to **114** days.

**GENERAL OBSERVATIONS**

Areas of concern noted by the review team include the following:

1. The Inspector General's (IG) review of numerous institution ASU cases identified a systemic problem related to inmates suspected of affiliation with a Prison Gang. In June 2009, as a response to the IG report, the allowable ASU extension time limits were modified by the Director and instructions were provided that inmates suspected

of being a member or associate of a Prison Gang should not be housed in ASU until the investigation is complete and submission of the Prison Gang Validation package to the Office of Correctional Safety (OCS) is imminent. The institution IGI must adhere to these instructions and not place inmates into ASU prematurely. Currently there are several RC cases that were placed into ASU prior to this new instruction and that are still pending the completion of an investigation. The Institution Classification Committee (ICC) should review all cases in ASU for gang investigation to determine if a validation package has been completed with validation documents in the file. Those cases that have no validation documents should be released to the Reception Center for processing with the admonishment to the receiving institution to monitor the inmate for further gang activity and possible validation. It is reported that the IGI has a presence in ICC only for those cases undergoing initial ASU review. It is recommended that the IGI maintain a presence during ICC review for all gang investigation cases whether initial and subsequent. The arrangement of the ICC-case presentation order may need modification to allow the IGI to be present. The IGI's presence in ICC could assist the committee in determining the need for continued ASU housing.

2. Numerous cases, in both the RC and GP areas were noted as having expired CSR approved ASU extensions. These ranged from **5** days to **167** days. Some of these cases had ICC actions completed within the last 30 days and were pending CSR review while other cases had an appropriate ICC action but that action was over the 30 day window for a valid chrono and need a new ICC action and CSR review. The current staff in the RC ASU appears to be making progress to correcting this issue and should be given the latitude to succeed. However, management should monitor compliance of this important ASU audit.
3. The casework on some cases was incomplete which resulted in additional committee actions and CSR reviews. The Correctional Counselor 1s need to take the time to fully review and prepare a case prior to ICC action and CSR review. The CCII Supervisors need to review the CSR results to ensure the requested action was granted or approved. Cases that need correction by further committee action need to have necessary corrections completed and an expedient return to ICC and CSR to resolve the case. Correctional Counselor Supervisory Staff and Managers need to monitor the errors to determine if the poor casework is related to training, workload, or lack of CCI diligence.
4. The institution has two independent ASU processes for GP and RC. The majority of the GP cases are for disciplinary issues and the institution appears to be proactive relative to the hearing process, completing most cases within time expectations. Incomplete casework and the lack of a useful tracking tool appear to be the major problem in this area and delay full resolution of ASU housing. The use of one tracking tool with all resources currently utilized to support several may assist the accuracy of the tool and reduce the effort to manage the ASU population.
5. The number of cases that have had CDO ordered Re-issues for Re-hearing, while not a large number, increase the number of days before that specific case can be resolved by ICC. Training in the area of Rule Violation Report hearing may reduce the number of cases which require reissue.
6. Several cases were noted with CSR transfer endorsements. Some of these cases

were in excess of 90 days from the date of endorsement. The team was unable to identify why the cases were not transported as endorsed but the Automated Transfer System (ATS) should be reconciled to the ASU tracking sheet to ensure that endorsed cases have the appropriate bus seat ordered on a weekly basis.

7. Based on the limited number of GP ASU cases it may be more cost effective and time efficient to combine the ASU teams into one unified ASU tracking and processing unit for all ASU inmates, regardless of GP/RC status. This would avoid duplication of efforts and provide one tracking tool for management of the ASU cases.
8. Three cases were identified during the audit review as particularly egregious with respect to the reason for ASU placement. These cases were identified during the exit debrief. (G44587 Mackey-ASU placement reason; J11700 Pantoja-ASU placement reason; and F53440 Munoz-Missing 114D) However, the compilation of all data was not complete at the time of the exit debrief and sever other cases were noted as cases that need ICC attention as soon as possible. These 5 additional RC ASU cases were identified as being placed into ASU for investigation into Prison Gang activities. As of today none of these cases were validated. The CDCR Numbers for these cases are K-41267; J-11700; G-29241; F-29460; and G-50058. The basis for this recommendation is detailed in number 1 above.

As noted above this review included approximately 17% of the ASU population and specified those cases that have ASU housing of 90 days or greater. The staff at San Quentin made every effort to provide the requested 20%, however the lack of an automated file-tracking system that compensates for the challenging physical layout of the Records Office may have helped staff locate and present cases to the team. This problem may also be the root issue to resolve the problem identified in number 2 above.

The review team identified some patterns of failure to aggressively manage ASU housing by not releasing inmates where supporting documents or evidence was lacking. This pattern also involved a serious lack of oversight or tracking of ASU cases which has resulted in major time constraint violations. Some of the cases were completed within the expected perimeters and some of those that fell outside of the expectations were often as a result of continued misconduct by the inmate, however, these cases appear to be a minority. This review team is cognizant of the physical plant limitations of San Quentin's Inmate Records Office and the work space for the ASU staff but can not provide any recommendations for space utilization due to the limited knowledge of the inherent space problems.

The review team made every effort to ensure that meaningful data is provided to SQ management, but not all cases fit the supplied audit tools.

The staff of San Quentin should be acknowledged, when appropriate, for their efforts to resolve issues before ASU housing becomes necessary and to aggressively manage and resolve those cases that do require ASU placement.

## DISCIPLINARY SQ GP

[illegible]



**DISCIPLINARY SQ GP**

[illegible]

# GANG SQ GP

[illegible]

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

RADIO  
COMMUNICATIONS

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

TELECOMMUNICATIONS

# Memorandum

Date : October 6, 2009

To : Robert Wong, Warden (A)  
San Quentin State Prison

Subject: OPERATIONAL PEER REVIEW – SAN QUENTIN STATE PRISON

The purpose of this memorandum is to advise you that the Radio Communications Unit (RCU), pursuant to the Office of Audits and Compliance (OAC), has conducted its portion of the Operational/Peer Review at San Quentin on October 1, 2009. The review was conducted by Ms. Angela M. Azevedo, Manager, Enterprise Information Systems, Radio Communications Unit with San Quentin's Radio Liaison Officer Renshaw and Sergeant Campbell.

The Operational/Peer Review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Radio Communications Standards. Each area was reviewed with staff and any problems were reviewed or solved with the SQ Radio Liaison. Overall, the findings presented in this report represent the consensus of the individual written procedures.

The review also consisted of an on-site inspection, interviews with staff, review of procedures, and observation of institutional operations.

## REVIEW SCOPE AND METHODOLOGY

The scope and methodology of this review was based upon 28 written review procedures developed in coordination with the RCU and the OAC. Random sampling techniques were employed as an intrinsic part of the review process. Throughout the review, on-duty custody staff were interviewed regarding current practices, all staff were polite and professional when asked the questions pertaining to the review.

A random sample of radios were reviewed, checking the radio against the Post Assignment Schedule, the Public Safety Communications Division (PSCD) 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, SQ was at 100% on radio placement.

The primary Emergency Operations Center (EOC) control station (on the 800MHz trunked system) is located outside the Warden's Office and is in good working order.

October 6, 2009

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The radio equipment (CMARS and CLERS remote control stations) located in the EOC are also in good working order.

The Reviewer has taken note that SQ's Selective Inhibit Dynamic Regroup (SIDR) is nonoperational. This is primarily due to equipment age and incompatibility with newer systems. SIDR is the system that gives the institution the ability to totally disable all functions (transmit and receive) on any one or group of radio(s) from the site controller. The RCU recognizes this is a safety and security issue as the institution no longer has the ability to inhibit a radio in the event of an emergency. This is an issue at other institutions with aged systems as well and RCU is working diligently to prepare a Request for Information, which will ultimately lead to a Request for Proposal to replace the department's statewide radio communications system infrastructure.

The Radio Liaison reported there are several pieces of equipment that are nonrepairable: the CMARS control station which was located in Central Control was sent to PSCD for repair and was returned as nonrepairable, in addition to two six-pocket battery charging units. At the present time Central Control is utilizing a portable radio for CMARS communications. RCU will check the RBX to see if there is equipment which can be sent to SQ to replace the nonrepairable equipment, but makes no promises or guarantees that such equipment will be available.

The Radio Liaison provided the Reviewer a list of equipment that has been sent to PSCD for repair. A couple of items have been returned to SQ indicating the equipment is nonrepairable. The Reviewer will contact PSCD to see if an internal process can be established wherein nonrepairable equipment is not sent back to the originating institution, but instead PSCD will prepare and forward the appropriate transfer documentation to DGS Property Reutilization to dispose of the equipment and remove it from the institution's inventory so no additional charges are incurred, and it will save the State, as well as the institution shipping costs.

The Reviewer has noted that there are several mobile radios with CMARS access that have not been installed in vehicles, and there are no plans to immediately install those radios. The Reviewer will contact PSCD to stop any CMARS charges (\$15 per month per subscriber radio) from SQ's monthly charges.

Recommendations are to continue normal practices as SQ has no issues with usage of the 800MHz Trunked Radio System and staff is following all required Public Safety Radio Communications Standards.

Robert Wong, Warden (A)

October 6, 2009

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The Reviewer would like to compliment Sgt. Campbell and the newly-assigned Radio Liaison, Officer Renshaw, for their dedication, organizational skills and overall assistance which made this review a success. Should you have any questions regarding the process, or the corrective action plan, please do not hesitate to contact me at 916/255-2163.

Sincerely,

ANGELA M. AZEVEDO, Manager  
Radio Communications Unit  
EIS – Infrastructure Services

cc: Officer Renshaw, Radio Liaison, SQ  
Sgt. D. Campbell, SQ  
Officer Kinman, Project Manager, SQ

**SAN QUENTIN CORRECTIVE ACTION PLAN  
RADIO COMMUNICATIONS REVIEW**

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/ PROPOSED ACTION	DATE TO BE COMPLETED
11.	<b>RADIO VAULT INTRUSION ALARM</b>  The review revealed a deficiency with the radio vault. Due to the distance between the main facility and the radio vault, the radio vault should have an intrusion alarm attached to the vault door with an audible alarm and a light when the door is opened. This alarm and light announce the breach to central control.	Custody Captain Radio Liaison	Radio Liaison should complete a work order to Plant Operations to connect the wiring to an audible alarm and light source to central control.	3/31/10

Radio Communication Compliance Review  
San Quentin State Prison  
Exit Conference Discussion Notes  
September 28 - October 2, 2009

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communication Security Compliance Review of San Quentin State Prison the week of September 28 - October 2, 2009. The review covered 28 different areas. The chart below details these outcomes.

**FINDINGS SUMMARY:**

		Compliant	Partial Compliance	Non Compliant
1	Radio Liaison Identified?	C		
2	Inventory System in Place?	C		
3	All Radios Accounted for?	C		
4	Radio Matrix in place?	C		
5	Repair Procedure?	C		
6	Repair Tracking?	C		
7	Battery Management in Place?	C		
8	Proper usage of Battery Management?	C		
9	Inmate Access to Radios?	C		
10	Radio Vault Secured?	C		
11	Intrusion alarm on Radio Vault?			NC
12	Authorization to enter Vault?	C		
13	Key to Vault Secured?	C		
14	Vault key access for PSCD Tech?	C		
15	Site Lens Computer Secured?	C		
16	Procedure to operate Site Lens?	C		
17	Staff to operate Site Lens?	C		
18	System Watch/SIDR Training?	C		
19	Chit System in place for Radios?	C		
20	Other Radios on grounds?	C		
21	Scanners on Grounds? <i>*(see note below)</i>	C		
22	Who do you contact for System Malfunction?	C		
23	Steps taken when System Fails?	C		
24	Staff have knowledge on Radio Fail-Soft?	C		
25	Staff have knowledge of RCU Staff?	C		
26	Off Grounds Communication?	C		
27	Working CLERS System?	C		
28	Working CMARS System?	C		
Total		27		1

11. Radio Liaison stated intrusion alarm wiring in place, never connected. RCU recommends a work order be established with Plant Operations to complete the installation of the intrusion alarm to Central Control.

\*21. Radio Liaison stated there is a scanner (locked) in the office of the AW, Specialized Housing. The scanner is not directly located on grounds.



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S  
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

CASE RECORDS

SAN QUENTIN STATE PRISON

SEPTEMBER 21 THROUGH OCTOBER 2, 2009



CONDUCTED BY

CASE RECORDS ADMINISTRATION

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Karen Myers, Correctional Case Records Manager, Central California Women's Facility Reception Center, and Dawnel Marroquin Correctional Case Records Supervisor, California Correctional Institution Reception Center to conduct a compliance review September 28, 2009, through October 2, 2009, of specific areas within San Quentin Reception Center records office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and staff assisted with providing information to the review team when requested.

The three primary areas reviewed were:

1. Central File Request Process
2. Holds, Warrants and Detainers (HWD)
3. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

### **CENTRAL FILE REQUEST PROCESS**

*Reference: DOM Section 72020.4.6*

*"The CCRM shall communicate with the appropriate regional CCRM, using the telephone, FAX, or OBIS, advising them of the receipt of the parole violator(s) and shall request that the case files be forwarded immediately.*

- *Case files on parole violators (PVRTC or PVWNT) shall be requested daily.*
- *Parole regions shall forward requested files to the institution immediately."*

*Reference: Instructional Memorandum (CR 97/03)*

*"Reception Center Managers are directed to implement a tracking system which documents that the initial request was received by the region and that follow-up requests are being made no more than five working days after the initial request."*

*Reference: Instructional Memorandum (CR 01/17)*

*"...The Reception Center Correctional Case Records Manager (CCRM) shall request the Central File for PVRTC (Parole Violator Returned To Custody) and PVWNT (Parole Violator With A New Term) daily. Case Records North and Case Records South shall send the Central File to the institution within three working days. When the Central File cannot be located, the CCRM or designee shall be contacted."*

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

*“...If the Central File is not located after 30 calendar days from the original request, then Case Records North or Case Records South shall reconstruct the Central File....”*

An overdue file request list for Case Records South dated September 25, 2009, was printed on request. The report consisted of one page (12 central file requests). In order to verify that central files were being requested from the appropriate location the Offender Based Information System (OBIS) was queried to determine the correct Parole Region and the records office from which the central file should be requested.

Of the 12 cases, 10 were originally requested from Case Records South. The following Central Files should have been requested from Case Records South. Listed below are the specifics:

- F92706 Frenzel – ‘S’ was received on 8/28/09. Central file was not requested for 28 days after ‘S’ was received.
- D20913 Voss – ‘S’ was received on 8/26/09. Central file was not requested for 30 days after ‘S’ was received.
- P15418 Robinson, F98648 Clark, H13949 Dedios, T63292 Wolf – All were received on 9/10/09. Central files were not requested for 15 days after parolees were received.
- P83047 Pinkard – ‘S’ was received 8/31/09. Central file was not requested for 25 days after ‘S’ was received.
- F74854 Martinez – ‘S’ was received 9/4/09. Central file was not requested for 21 days after ‘S’ was received.
- G28159 Amoroso – ‘S’ was received 8/12/09. Central file was not requested for 44 days after ‘S’ was received.
- F16467 Venero - ‘S’ was received 7/22/09. Central file was not requested for 65 days after ‘S’ was received.
- G04175 Bourgois - ‘S’ was received 8/24/09. Central file was not requested for 32 days after ‘S’ was received.

As a result of these cases being requested from the wrong Parole Region Records Office, San Quentin is not in Compliance with the policies and procedures.

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

An overdue file request list for Case Records North dated September 21, 2009, was printed on request. The report consisted of four pages (140 central file requests). In order to verify that central files were being requested from the appropriate location OBIS was queried to determine the correct Parole Region and the records office from which the central file should be requested.

Of the 140 cases the following errors were identified:

The following Central Files should have been requested from Case Records South.

1. F92706 Frenzel
2. D20913 Voss
3. P83047 Pinkard
4. F98648 Clark
5. H13949 Dedios
6. G28159 Amoroso
7. F74854 Martinez
8. G04175 Bourgois
9. T63292 Wolf
10. P15418 Robinson

There were 53 Central Files requested that were already at SQ-RC. There were 25 Central Files requested that were for New Commitments. 11 Central Files erroneously requested for inmates who were en-route to another institution as court returns or had been transferred prior to the Central File request date.

### **General Findings:**

Processes for requesting and tracking of Central Files from the Regions Records Office are not being followed in accordance with Departmental Policies. A review of the desk procedures for this area are outdated, however it does provide direction for the processing and tracking of these requests which were not being performed prior to this audit and would provide for a better and more streamlined process. When interviewing the staff that perform this function they indicated they send the daily and overdue requests to Case Records North, however they were not verifying the appropriate location (until just recently) of the Central File prior to this audit. As indicated above some of these requests should have gone to Case Records South and or another institution. This is not productive and creates additional workload as well as untimely receipt of Central Files for the Reception Center Processing.

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

The tracking system being utilized prior to this audit was not being updated appropriately when files have been received or the 'S' has paroled or transferred, they should be deleted from the listings.

### **Recommendations:**

- Errors identified in this report should be corrected immediately in the Central File request data base.
- Clerical staff maintaining the data base for the Central File requests should be provided documented on the job training, as it pertains to reading OBIS prior to initiating the first Central File request.
- Clerical staff should be provided documented on the job training as it pertains to reviewing the central file request lists returned from Parole Case Records offices (notations are provided when the Central File is not at the location it was requested from), updating the Central File data base when required and appropriate follow-up should be completed to contact institution Case Records offices when the Central File is not located at a Parole Case Records office.
- Incoming central file shipments should be opened and the Central File data base updated prior to generating overdue Central File request lists.
- Periodic reviews of the overdue Central File request should be completed by a knowledgeable staff member to ensure errors are identified and corrected.
- If the Central Files that have not been received within 30 days of the original request the CCRM of the institution should be contacting the CCRM of the parole case records office. If necessary a DUMMY file will be made.
- Utilize the Automated Release Date Tracking System (ARDTS) for tracking and requesting the Central Files.

### **HOLDS, WARRANTS AND DETAINERS (HWD)**

*Reference: DOM Section 72020.4*

*"Reception Centers or receiving institutions shall prepare required departmental forms on inmates received with new commitments.*

*"A full Criminal Identification and Investigation rap sheet shall be run and reviewed as part of the initial processing of reception center inmates."*

*Reference: DOM Section 72040.5.2*

*"In the Reception Centers, actual detainees that are included with the 'prison package' or arrive before the counselor has begun processing the case shall be reviewed by the HWD coordinator who will sign off the HWD log in the 'Initial Disposition' section as an unprocessed case. These detainees shall not be*

## SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW

*referred to the designated staff member unless there is an apparent security risk such as a potential life term or extremely long determinate sentence.”*

*Reference: DOM Section 72040.5.2.1*

*“Reception Centers shall not be required to initiate or follow-up potential HWD requests except for those inmates who are permanently housed at the Reception Center or pending imminent release. It shall be the responsibility of the receiving facility to review the inmate’s central file for any CDC Form 850s initiated at the Reception Center and to complete the initial inquiry and any required follow-up as previously specified.”*

*“If a move to work furlough, parole, or TCL is approved, the HWD coordinator shall query the OBIS HWD file within 24 hours of the actual move...If a ‘hold’ is received on the same day or subsequent to the approval of a move, the HWD coordinator shall immediately notify the C&PR or the Assistant Regional Administrator for review of the move approval and action in accordance with aforementioned procedures for processing detainees.”*

*Reference: DOM Section 72040.5.1 & 72040.5.3*

*“The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log.”*

*“The HWD Coordinator’s initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit.”*

*“If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer...”*

Desk Procedures for the HWD process were reviewed. These procedures have not been updated since 2001. The HWD procedures did not include detailed information or time frames for entering and dropping holds and whose responsibility it is to ensure holds are removed from the ARDTS, posting the CDC 112, etc..

There were 51 Central Files reviewed for this portion of the Compliance Review. Listed below are the discrepancies found in the processing of the Hold, Warrant and Detainers (HWD).

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

- Letters of Inquiries are not utilized on Potential Holds. Phone calls are being made for disposition on possible holds however; the staff is not utilizing the appropriate CDC 850/CDC 850A to reflect the disposition. An in-house form is being utilized and multiple inquiries are noted on these forms. This does not comply with policy and procedures where each inquiry and disposition should be documented on a separate CDC 850.
- PC Sections 1381 and 1389, Demand for Trial, and PC 1203.02(a), Disposition of Probation, Waiver of Appearance, and Right to Attorney are not being sent out with return receipt certified mail.
- Motion for Dismissals pursuant to PC Section 1381 is not being prepared nor is there a tracking for this process.
- In all of the cases reviewed, it appears the 4 hours for completing the receipt of a Detainer is not in compliance with Departmental Policies and Regulations. The Warrants are not being date & time stamped as required by policy and procedure. The CDC 850's are not being documented with the times for each part of the detainer process in addition to the CDC 112's are not being posted for several days after the detainer has been received.
- In the Central Files reviewed it is noted that the CDC Form 661 Detainer Memorandum is being prepared, however they are not being sent to the inmate for acknowledgment even when they are going Out to Court. The original and the copies are still in the file.
- When interviewing staff it was ascertained that the Regional Records Office is not being notified by phone or fax when a detainer has been received at San Quentin after the inmate parole.
- When interviewing staff it was ascertained that the Detainer or Warrant is not being given to the Agency when the inmate is being picked up.
- San Quentin does not have a time server tracking system in place to drop holds that have expired or has been dropped.
- Hold information is not consistently being posted to the CDC 112; Warrant #'s & Agency, NLW when holds are dropped or the time server has expired.
- Hold and Warrant information is not being deleted from ARDTS pursuant to policy and procedures. An ARDTS listing was requested upon arrival at SQ-RC. There were 149 cases reviewed and 64 discrepancies noted; holds not being removed, hold, warrant #'s not matching OBIS.
- Several of the cases reviewed reflected our CDCR 801 was not being removed from the file upon return of the inmate to our custody.
- During the review it was discovered that staff are not utilizing the most current version of the CDCR 801 as directed in Informational Memorandum CR 07/08.
- There was 1 case where the inmate was born in England and was not referred to ICE/USINS for review.

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

Specifics are listed below for your review and action as deemed appropriate. The following discrepancies noted by the audit team are;

- G65590 Mesa – CDC 112 reflects OTC to Sutter instead of Yuba, has the wrong warrant number posted to the CDC 112, OBIS moves reflects the wrong warrant #., and the CDC 661 has the wrong warrant number. There was also not a CDC 161 or CDCR Detainer in the Central File.
- T62995 Martinez – Went OTC on 4-22-09, as a defendant, however there is no notation on the CDC 112 and no CDCR detainer in file.
- G60602 Harris – ‘S’ had multiple detainers in OBIS and ARDTS. ‘S’ went OTC on 7-31-09, the CDC 661 was never signed by the inmate. In 1 case the ‘S’ was no longer wanted but the warrant was not deleted in OBIS or ARDTS, they did not post the CDC 850 NLW. On 1 warrant the # was different in OBIS from the Teletype received.
- F11453 Maddox – A hold was noted in ARDTS on this ‘S’ but was not in OBIS. This ‘S’ went OTC on 3/11/09, as a defendant to the U.S. Marshal on the warrant # noted in ARDTS. There never was a warrant received. An intake audit was performed on 3/7/09 and there is no indication that the CLETS/NCIC was reviewed for any holds. Also the CDC 112 reflects the inmate is a PC 3058.8, this was not indicated on the CDC 161 (which is the old CDC 161), and there is also no posting on the CDC 112 that this inmate went OTC. This inmate has been in and out of CDCR since 2006 and the Detainer section of the Central File is empty. Also a CDCR 801 for different inmate was found in this inmate’s file.
- T68178 Romo – A warrant is reflected in ARDTS for this ‘S’ but not in OBIS. ‘S’ went OTC on 4-28-09, pursuant to OBIS, on this case as a defendant. The CDC 112 is not posted and there is no indication or follow-up for a disposition noted in the file.
- T92432 Mack – The CDC 850 was not filled out at the time the warrant was received to reflect the time the information was entered into OBIS, ARDTS or posted to the CDC 112. This case was not referred to the evaluator until the following day. This became a Cite & Release at Parole, noted is the Cite & Release Procedure pursuant to CR 0704 is not being followed.
- V66198 Espinoza – ‘S’ went Out to Court on 6/15/09, as a defendant, returned on 7/1/09, with an additional commitment, this information is not posted to the CDC 112. The CDCR 801 that was utilized is not in compliance with CR 07/08. This information was entered into ARDTS as a warrant, however he was taken out on a removal order. There never was a warrant issued and this information still has not been removed from ARDTS.
- G44676 Hollman – The CDC 850 was not completed to reflect the time that the warrant was received, posted to the CDC 112, or entered in ARDTS. This warrant was recalled by teletype however it has never been



## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

removed from ARDTS. 'S' went OTC on 1-27-09, as a defendant and there is no indication in the file that any follow-ups have been done. The CDC 112 also does not reflect this inmate is OTC. The CDCR 801 that was utilized is not in compliance with CR 07/08.

- G51342 Murray – 'S' went OTC on 4/7/09, as a witness and was returned to DVI-RC on 9/29/09. There is no indication a follow up has been completed. The CDCR 801 utilized is not in compliance with CR 07/08. The Removal Order # was entered into ARDTS as a hold and has not been removed.
- P01403 Yacopetti – The CDC 850 for this warrant information is not in compliance. CDC 112 is not posted appropriately that 'S' went OTC as a defendant. CDCR 801 utilized is not in compliance with CR 07/08. ARDTS information is incorrect.
- G55328 Varela – 'S' was received on 4/14/09, went OTC as a defendant on 6/25/09 without an Intake Audit. This information was entered into ARDTS as a hold and should not be. The CDCR 801 utilized is not in compliance with CR 07/08.
- V18766 Jasper – 'S' went OTC on 6/18/09, as a defendant, there is no removal order or CDCR 801 in the file. There is no indication in the file that a follow up has been completed. The removal order information as entered into ARDTS and should not be. The CDC 112 is not posted to reflect 'S' went out as a defendant.

### **Recommendations:**

- Review and update HWD Desk Procedures for the clerical staff to include time frames for completing each step in the process.
- Procedures for the Correctional Case Records Analyst need to be updated as necessary to include detailed instructions for processing HWD.
- On the job training should be provided and documented for the Correctional Case Records Analyst for their responsibilities in the HWD process.
- Additional training should be provided to the Correctional Case Records Analysts on how to read, review and interpret information on the CII rap sheet.
- Share Instructional Memorandums with all staff to ensure compliance with Departmental Policies.
- For quality assurance of the ARDTS Database it is recommended that supervisory staff conduct periodic reviews of ARDTS Database Reports to ensure the data being entered or updated is accurate.

**SAN QUENTIN – RECEPTION CENTER  
COMPLIANCE REVIEW**

**WARDEN'S CHECKOUT ORDER (CDC 161)**

*Reference: DOM Section 74070.3*

*"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."*

*"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."*

*Reference: DOM Section 74070.21*

*"The following data shall be typed on the CDC Form 161:*

- Date of Release*
- Type of Release*
- CDC number*
- Commitment name*
- Controlling Discharge Date*
- Name of parole unit and county of residence*
- Parole Region*
- Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

*"The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS"*

*Reference: Instructional Memorandum (CR 01/14)*

*"...The CDC Form 161, Warden's Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement..."*

*Reference: Instructional Memorandum (CR 92/17)*

*"...the Warden's Checkout Order must include a notation above the Case Records staff's signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable."*

*Reference: Penal Code Section 3060.7 Interim High Control Parolee Release Procedures as of December 1995.*

*"...the Offender Based Information System data entry shall reflect under comments that a HC inmate was "Released pursuant to PC Section 3060.7"*

*Reference: PC 3060.7 RELEASE HANDBOOK, Classification Services Unit – Institutions Division, February 2002.*

## SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW

*“Parolees not subject to PC 3060.7 Release Procedures...12) A parolee in custody pending a revocation hearing who is designated as HC, EOP, HRSO, or Second Striker parole supervision level and who is continued on parole by the Board of Prison Terms (BPT) during a revocation hearing. Non-revoked parolees are not considered inmates. However, the C&PR/CC III-RC shall immediately alert the Unit Supervisor of the imminent release of the inmate.”*

*Reference: DOM 75010.14.1*

*“When revocation of parole extends the period of parole, the recomputed PRRD (if applicable), RRD, PCDD (if applicable), CDD and DRD shall be posted to the first page of the BPT Form 1103; or BPT Form 1104, top right corner, prior to distribution.”*

*Reference: DOM 75010.14.2*

*“The original of all board reports and BPT decisions forms shall be filed in the C-file.*

*The below listed forms shall be distributed by case records staff as follows ...*

- Parole Agent...”*

*Reference: Instructional Memorandum Dated May 9, 1989, Notification of Release Date and Residence Plan –From Institution to Parole Unit –CDC 1121, signed by R.H. Denninger, Deputy Director, Institutions Division and Ed Veit, Deputy Director, Parole and Community Services Division*

*“...The parole agent is notified by telephone if the release date change occurs ten days prior to release. Under no circumstances should the regional Records Office be given the responsibility to notify the parole unit of the release date, except for re-entry inmates and parole violators confined Return-to-Custody facilities....” The above reference was modified to include notification via fax or telephone.*

Central files were reviewed for inmates/parolees who were released from San Quentin Reception Center for the preceding week of the review. There were 38 cases reviewed and the overall findings are as: follows:

- 31 of the CDCR Form 161, Warden's Checkout Order did not reflect the time of release pursuant to policy and procedures (DOM Section 74070.21).
- In 1 case the Parole Unit was recorded inaccurately on the CDC 161 and in OBIS. F68047 Corriea
- COP's and Credit for Time Served cases are not being released timely for no apparent reason; of the 38 files reviewed 6 cases were released one or more days late with no apparent reason.

## **SAN QUENTIN – RECEPTION CENTER COMPLIANCE REVIEW**

- Of the 38 cases reviewed there were 28 cases where the 'Notice Box's' were not checked appropriately pursuant to policy and procedure.
- CDC Form 1121, Notice of Release Date and Residence Plan from Institution to Parole Unit are not being consistently utilized when there is a date change for PVRTC's. When imminent releases occur there are no notations that the Unit Supervisor/Agent of Record are notified.
- During this review it was noted that the CDC 112 is not consistently being posted pursuant to Departmental Policy, DOM Section 72010.12.2 thru 72010.12.9. The CDC 112 is not being posted accurately or is incomplete, i.e., BPH actions, release actions, intake actions, etc..
- Inaccurate/Un-necessary information recorded on the CDC 161 and entered into OBIS. V88834 Magdaleno.

### **Recommendations:**

- On the job training should be provided to all Correctional Case Records Analyst regarding conducting a complete and thorough audit and what that entails.
- On going on the job training should be provided to those staff that are reviewing and signing the CDC 161, Warden's Checkout Orders.
- A procedure needs to be established to ensure the Agent of Record is notified of PVRTC inmates calculated release dates.
- A procedure needs to be established to ensure the Agent of Record is notified of any release date changes for PVRTCs as required.

### **STAFF VACANCIES**

The vacancies are reported as follows:

Three Case Records Analyst

One Case Records Supervisor

Seven Case Records Technicians

Interviews for the above positions are scheduled in the next two weeks.